

**EVALUATION OF THE TECHNICAL
ADVISORS IN AIDS AND CHILD
SURVIVAL (TAACS) PROJECT
(936-5970)**

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by

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ABBREVIATIONS

AAAS	American Association for the Advancement of Science
AFR	Bureau for Africa of USAID
AID	United States Agency for International Development
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
ANE	Bureau for Asia and Near East of USAID
ANRC	American National Red Cross
CDC	Centers for Disease Control and Prevention of the U.S. Public Health Service
CEDPA	Centre for Development and Population Activities
DHHS	U.S. Department of Health and Human Services
ENI	Bureau for Europe and Newly Independent States of USAID
EUR	Europe Office of ENI
FP	Family Planning
FHA	Bureau for Food and Humanitarian Assistance of USAID
FTE	Full-time-equivalent
G/PHN/HN	Office of Health and Nutrition of the Center for Population, Health and Nutrition of USAID's Bureau for Global Programs
G/PHN/P	Office of Population of the Center for Population, Health and Nutrition of USAID's Bureau for Global Programs
HIV	Human Immunodeficiency Virus
HRSA	Health Resources Services Administration of the U.S. Public Health Service
IHPO	International Health Program Office of CDC
IPA	Title IV of the Intergovernmental Personnel Act of 1970, or person assigned to a position under the provisions of the Act
LAC	Bureau for Latin America and the Caribbean of USAID
MCH	Maternal and Child Health
MVDP	Malaria Vaccine Development Program
NGO	Non-governmental Organization
NIAID	National Institute for Allergy and Infectious Diseases
OIH	Office of International Health of DHHS
PACD	Project Assistance Completion Date
PASA	Participating Agency Services Agreement, executed between two entities of government
PHN	Population, Health and Nutrition, the Center for Population, Health and Nutrition of the Bureau for Global Programs of USAID
PHS	U.S. Public Health Service
PIO/T	Project Implementation Order/Technical Services
PPC	Bureau for Program and Policy Coordination of USAID
PSC	Personal Services Contract or Personal Services Contractor
PVC	Private and Voluntary Cooperation
RTI	Research Triangle Institute
R&D	Former Research and Development Bureau of USAID
STD	Sexually Transmitted Disease
TAACS	Technical Advisors in AIDS and Child Survival
TDY	Temporary Duty

USAID	United States Agency for International Development
USPHS	U.S. Public Health Service
WRAIR	Walter Reed Institute for Research

PROJECT IDENTIFICATION DATA

1. **Project Title:** Technical Advisors in AIDS and Child Survival (TAACS)
2. **Scope:** Worldwide
3. **Project Number:** 936-5970
4. **Contract Number:** DPE-5951-X-HI-7015-00
DPE-5970-C-00-1016-00
HRN-5970-C-00-2040-00
5. **Project Dates:**

 Agreement Signed: July 19, 1988
 End Date: September 30, 1997
6. **Project Funding (Total Authorized Amount):**

 Central Funding: \$ 30,000,000
 Buy-ins: \$ 20,000,000
7. **Mode of Implementation:**

 Participating Agency Services Agreement between USAID and the Office of International Health (OIH) of the Department of Health and Human Services with the Centers for Disease Control and Prevention (CDC)

 Intergovernmental Personnel Act agreements with Research Triangle Institute, Johns Hopkins University, and Hohneman University

 Contracts between USAID and the Centre for Development and Population Activities (CEDPA) and the American National Red Cross (ANRC)
8. **Cooperating Agencies:**

 Office of International Health
 Department of Health and Human Services
 5600 Fishers Lane
 Rockville, MD 20857

 Centers for Disease Control
 International Health Program Office
 Atlanta, GA 30333

CEDPA
1717 Massachusetts Avenue, NW
Washington, DC 20036

American National Red Cross
Office of International Services
Washington, DC 20006

10. Responsible USAID Official:

Robert Clay
Acting Deputy Director
Office of Health and Nutrition

11. Previous Evaluation:

Midterm Evaluation June 1991

EXECUTIVE SUMMARY

The TAACS (Technical Advisors in AIDS and Child Survival) Project, operating under special Congressional authority since 1987, provides mid- to senior-level technical experts in USAID offices and Missions and cooperating country institutions. The experts, which now include advisors in family planning, have the authority to function as USAID project officers in order to assist in the implementation of child survival, HIV/AIDS and population programs.

This evaluation addresses the following: a) the effectiveness of the activity in meeting USAID's needs for technical and managerial expertise in child survival, HIV/AIDS and family planning; b) the role the TAACS advisors have played in furthering health and population strategies; and c) opportunities for improvement of the recruitment, orientation and backstopping of advisors (see Scope of Work, Appendix B).

The evaluation uses the term TAACS, which is derived from the name of the specific project, to refer to all technical advisors financed with program funds and serving under Congressionally mandated authority in technical management positions and, in most instances, acting as equivalent to USAID direct hire officers. One or two advisors currently serving in such capacity are funded directly by USAID missions, outside the project.

Summary Conclusions

Continuation of the Project

1. As long as USAID is committed to its newly invigorated population and health strategy, and policies adopted under the National Performance Review restrict the number of positions available for technical personnel to carry out its objectives, USAID should continue to place TAACS advisors in positions that are strategically important to fulfilling those objectives.
2. The TAACS Project itself should be extended and expanded as necessary to support the recruitment and backstopping of highly qualified technical officers and technical managers to carry out the Agency's strategy.

The Project in General

3. The TAACS Project has fulfilled its mandate successfully, by expanding USAID's capacity to carry out child survival activities and activities relating to research on, and the treatment and control of, acquired immune deficiency syndrome in developing countries. Since the addition of family planning activities by the Congress in 1993, the project has also undertaken the recruitment of an additional eight advisors in family planning.
4. The placement of TAACS advisors has enabled USAID to attract and employ individuals who are technically qualified, experienced, and capable in management for program planning and implementation in areas of high strategic priority.

5. The activity has made a difference in child survival and family planning programs, community management of water and sanitation, and national programs to address the problem of HIV/AIDS.

6. Management of major parts of the Agency's programs in family planning, child survival and HIV/AIDS prevention by non-direct hire advisors is a second-best solution to an acute need. However, until direct hire staff can be expanded, or an Operating Expense-funded limited career appointment system is established, the program-funded TAACS advisors offer a very high level of performance.

7. The project has served to recruit to government service a cadre of personnel dedicated to furthering progress in child survival, family planning and prevention and treatment of HIV/AIDS. Indeed, for some individuals who have been advisors for up to seven years, the project has approached the equivalent of a limited career appointment (although these individuals have had to negotiate with new sponsors after two- or four-year terms). A few individuals have indicated a desire to continue with USAID or the Public Health Service and have been accepted into career service in these agencies.

8. The leadership of family planning, health and nutrition programs had feared that the existence of the TAACS activity might lead USAID Missions to use the assignment of a TAACS advisor as justification for decisions to eliminate direct hire positions in Population, Health and Nutrition (PHN). There have been a few instances of cuts in deputy HPN chief positions, but no Missions to which TAACS advisors have been assigned have eliminated all direct-hire health/population positions.

Strategic Planning

9. The USAID Project Paper called for highest priority to be given to those 22 countries that had been designated as "child survival emphasis countries" and in places where there was a relative lack of expertise in-country or of alternative mechanisms for providing needed skills. In fact, among the 31 child survival advisors who have completed their assignments, 15 were assigned to Washington, seven to emphasis countries, and the rest to other countries.

10. USAID has an opportunity to take fuller advantage of opportunities to establish collaborative strategies with each of the institutions that is recruiting TAACS advisors.

11. Certain TAACS advisors have been placed by USAID in positions that could have been filled under a personal services contract, and outside the special authority for TAACS, namely those assigned to:

- the Bureau for Europe and Newly Independent States,
- ministries of health in host countries, and
- certain project manager positions.

12. The distribution of TAACS advisors favors positions in Washington to a greater extent than was expected, but the advisors in Washington are designing and managing major regional or global

projects that require centralized management. The Project Paper anticipated that 25 percent of the advisors, including the manager of the activity, would be in Washington and 75 percent would go to field posts. By 1991, when just over half the advisors were in Washington, the Agency determined the proportion should not exceed half the total. In 1994, the Washington share of advisors either in place or about to be in place was just over 40 percent; moreover, all but one position under recruitment was intended for the field. Among 41 advisors, 12 are assigned to the Center for Population, Health and Nutrition, five to regional bureaus, and 24 to countries overseas.

13. USAID lacks a system for consolidating information on the contributions and effectiveness of individual advisors.

- Feedback from the performance evaluation and program activity reporting systems of the sponsoring institutions is sporadic.
- Sponsoring institutions are not submitting the regular periodic reports called for in their contract or Participating Agency Services Agreement (PASA).
- As USAID Missions begin to use separate PASAs to procure TAACS advisors from the Centers for Disease Control and Prevention (CDC), USAID/Washington is not capturing the information on their commitments necessary to monitor the placement of advisors and the total dollars committed.

Sponsoring Institutions

14. The current institutional sponsors of TAACS advisors are interested in continuing their role in providing TAACS advisors.

15. Considering the fact that most U.S. government agencies are facing the necessity to reduce their numbers of full-time-equivalent (FTE) positions, no other agency, outside of those of the Public Health Service which shares the international health mission of USAID, is likely to want to assign personnel to USAID.

16. The Centre for Development and Population Activities (CEDPA) and the American National Red Cross (ANRC), the non-governmental organization contractors of the project, have proved capable of recruiting and processing TAACS candidates and developing a pool of potential future candidates.

17. It is not likely that other organizations will submit proposals to USAID offering a pool of qualified recruits and the capability to carry out the processing and logistical and technical backstopping required by the TAACS project.

18. Each of the institutional sponsors has made a useful contribution to the project.

Assignment of personnel under the Intergovernmental Personnel Act (IPA) offers:

- collaborative access to staff affiliated to schools of public health and other university entities interested in expanding their involvement and making a contribution in the field of international health; and

- individual experts who can be assigned to USAID outside the ceiling for FTE personnel at lower cost than individuals brought to USAID under a PASA or contract.

Assignment of personnel under the PASA with the U.S. Public Health Service through the Office of International Health of the Department of Health and Human Services or the CDC offers:

- partnership in a continuing collaborative relationship among government agencies;
- access to a large pool of individuals highly qualified in a particular range of health specialties and experienced overseas;
- access to technical resources useful to advisors who may encounter new challenges in their work; and
- ability to assign Public Health Service employees or to attract to limited appointments a cadre of highly qualified applicants who wish to be associated with the U.S. Public Health Service (or one of its components).

Assignment of personnel under contract with the non-governmental organizations offers:

- access to qualified, experienced individuals who can be assigned for periods of indefinite length without reference to FTE ceiling and
- commitment to provide timely logistical support, and, in the case of CEDPA, a strong foundation of interest and experience in family planning, the status of women, and training.

Terms of Service for Advisors

19. USAID Missions and offices have not received sufficient official guidance on the specially mandated status of TAACS advisors within USAID as well as their status within their respective sponsoring institutions.

- Advisors under recruitment, and their supervisors, have not always understood clearly that they will be hired in accordance with the policies and practices of the sponsoring institution.
- The employing office or Mission has not always understood that a TAACS advisor is to serve under conditions comparable to those of U.S. direct hire staff.

20. Performance evaluations within the systems followed by each of the sponsoring institutions are carried out more or less effectively depending upon the participation of the USAID and institutional supervisors and the career-oriented self-interest of the respective advisors.

21. Internal orientation by each of the sponsoring institutions appears to be satisfactory within their respective systems. However, orientation to USAID objectives and procedures, as provided by CEDPA under its contract, requires some modification of course content, specifically to increase the emphasis on USAID procurement and financial systems.

22. When the contract with a sponsoring institution calls for that U.S.-based institution to provide housing, local travel and local logistical support for a field-based advisor, administration of such support becomes cumbersome for both advisor and contractor. The most practicable arrangement is for the USAID Mission to provide all local support.

Costs

23. The cost of an advisor placed in Washington or overseas varies somewhat in accordance with the provisions of agreements with USAID and with the depth of technical backstopping available to an advisor from the sponsoring institution. Except for placements by CEDPA, for which the USAID Office of Procurement has not yet established an off-site overhead rate, the cost of a person-year of technical service under the TAACS activity is less than that of similar services procured by USAID under personal services or institutional contracts.

24. It is not possible, in the absence of information on the costs of in-house supervisory and support functions and of the fringe benefits and allowances covered by USAID, to compare the costs of a TAACS advisor to those of a direct hire employee.

1. ROLE OF THE TAACS ACTIVITY

The Technical Advisors in AIDS and Child Survival (TAACS) project finances, with program funds, a recruitment activity that supports the health and family planning programs of USAID. The project helps provide the technical management needed for these expanding USAID programs. Under special authority provided by the Congress, it finances the provision of mid- to senior-level advisors to USAID Missions and offices. These advisors are authorized to function as USAID project officers or technical program managers in family planning, health, child survival and HIV/AIDS. They are assigned, usually for two-year periods, to USAID/Washington, USAID Missions or host country institutions to assist in planning, implementation and evaluation of such programs.

Since 1988, some 58 different technical advisors have helped USAID carry out its programs in health, child survival, HIV/AIDS and family planning. Twenty-five have completed their services to USAID, and 33 are currently assigned, 16 to Washington and 17 overseas. Of an additional 10 under recruitment, eight are expected to begin their assignments before the end of calendar year 1994; of those, seven will serve overseas.

Several aspects of the activity have been expedient for USAID. The first, relief from personnel ceilings of government agencies, will end as of fiscal year 1995. The second, the privilege of assigning advisors to duties otherwise reserved for direct hire employees, continues to be valuable. The third, the option to include funds for travel and for short-term technical assistance in the contract for the advisor, has been used to the advantage of office operations and of program implementation.

The purpose of this evaluation was to review the role, management and costs of the activity in the context of USAID's need for technical and managerial expertise in areas of high priority to its program strategy. The evaluation was conducted by a two-person team consisting of a retired senior USAID program manager and an international health and family planning professional currently serving as Population Fellow at USAID. The team undertook a complete survey, by face-to-face or telephone interview, of TAACS advisers currently assigned to USAID and of their supervisors. The team also reviewed documents and met with representatives of each of the sponsoring institutions and with USAID officials involved in policy or implementation related to the activity (see Questionnaires, Appendix C and List of Persons Interviewed, Appendix E).

The evaluation team finds that the TAACS activity has very successfully fulfilled its mandate. It has helped significantly to expand and accelerate USAID's capacity to carry out programs in child survival and HIV/AIDS and promises to be equally helpful in family planning. The placement of TAACS advisors has enabled USAID to attract and employ individuals who are technically qualified, experienced and capable in management for program planning and implementation in areas of high strategic priority. The special contribution of advisors assigned as technical officers and technical managers has been made possible by their ability to act as USAID officers and to represent USAID to host country and other institutions.

The activity has made a difference in child survival and family planning programs, community management of water and sanitation, and national programs to prevent and treat HIV/AIDS. At the

same time, the individual advisors have had the satisfaction of using their skills effectively in situations of great need.

The team concludes that, in the continuing absence of Operating Expense funding adequate to carry out its expanding program responsibilities in the strategic area of Population and Health, USAID should continue to use this special Congressional mandate to the full extent of its authority. Figure 1, Child Survival and Population Programs and USAID Program Management Staff, portrays the size of the gap in technical personnel.

1.1 Background

In 1985, as the world recognized the growing need to improve the health and well-being of children in developing countries, the U.S. Congress established a special Child Survival Fund. USAID responded by expanding its efforts in all regions of the world and identified recipient countries that should receive emphasis in program development, staffing and funds. There were, however, too few technically qualified employees to plan and implement child survival programs, and the Agency was not able to recruit additional staff, given the ceiling of full-time-equivalent (FTE) positions within which it had to operate.

In 1987, recognizing the problem, and perhaps a little impatient that USAID was not moving fast enough in its child survival programs, Congress authorized the use of "program" funds—those made available for health and child survival activities—for assignment of members of the Public Health Service to USAID.

In 1988, Congress declared that government employees assigned to USAID under this special provision were not to be counted within the personnel ceiling of either the donating or the receiving agency.

In succeeding years, the annual appropriations acts expanded the authority to include personnel from state and local governments and universities (1988) and, subsequently, from private and voluntary organizations (1991). The annual ceiling on commitments for this activity was raised progressively from \$4 million to \$8 million. And the authority was expanded to include HIV/AIDS, in 1989, and family planning in 1993.

The special dispensation affecting personnel ceilings is to terminate as of October 1, 1994, when only those individuals already assigned to USAID will be exempt from the ceiling of their sponsoring government agency. For purposes of its response to personnel reductions called for by the National Performance Review, the U.S. Public Health Service has already counted personnel assigned to USAID within the total of its authorized staff complement.

1.2 Legislative Authorities and USAID Implementation Actions

1.2.1 Authorities and Actions Related to Population and Health

Fiscal Year 1987

Congressional action on two fronts provided authority and funds for the assignment of health personnel to USAID to provide expertise to help in the design, implementation and evaluation of programs in child survival. As the House Committee on Appropriations noted, "... AID has not moved forward on a number of health programs due to the lack of project planning and preparation. In order to increase the number of professional health experts working on health planning the Committee feels that steps should be taken to obtain assistance from the Public Health Service," and "The Committee is concerned that inadequate levels of health care personnel are available in order to achieve reasonable progress toward reaching the goal of immunizing 80 percent of the children of the world in AID-assisted countries by 1990."

Section 211 of H.R. 5233 provided that "The Secretary shall make available through assignment not more than 50 employees¹ of the Public Health Service, who shall be exempt from all FTE limitations in the Department, to assist in child survival activities through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization. In addition, commissioned officers assigned under this section shall be exempt from all limitations on the number and grade of officers in the Public Health Service Commissioned Corps."

The availability of Public Health Service personnel to implement child survival activities was assured by the appropriation for fiscal year 1987 (in P.L. 99-591) of "Such amounts as may be necessary for programs, projects, or activities provided for in H.R. 5233, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Act, 1987."

Section 551 of the Foreign Assistance and Related Programs Appropriations Act for Fiscal Year 1987 (P.L. 99-591, October 30, 1986) provides that up to \$4,150,000 of funds made available for "Child Survival Fund" and "Health Development Assistance" may be used to reimburse the U.S. Public Health Service or the Centers for Disease Control for the full cost of up to an additional thirty Public Health Service employees specifically for the purpose of carrying out immunization activities of the Child Survival Fund."

USAID modified its policy with regard to the use of a Participating Agency Services Agreement (PASA) employees to permit assignment of Public Health Service employees to positions that might otherwise be occupied by direct hire personnel, to represent USAID, supervise and be supervised by USAID employees, and participate in such activities as preparation of funding and budget documents and negotiation and review of contracts.

USAID executed a PASA with the Office of International Health (OIH) of the Department of Health and Human Services (DHHS) to gain access to the various agencies of the Public Health Service,

¹ The number of employees authorized to be ceiling-exempt was later raised to 75.

with the expectation that OIH would execute sub-agreements with elements of the Public Health Service for specific activities.

Fiscal Year 1988

Section 548 of the Foreign Assistance and Related Agencies Appropriations Act (P.L. 100-202 of December 22, 1987) expanded the eligible sources of personnel and provided up to \$5,000,000 for up to 30 employees from "U.S. Government agencies, agencies of State governments and institutions of higher learning for the purpose of carrying out child survival activities." The Act also exempted assigned personnel from the ceiling of any U.S. Government agency for the period of detail or assignment.

Assignment of personnel to USAID from agencies of State governments and institutions of higher learning is governed by Title IV of the Intergovernmental Personnel Act (IPA) of 1970. The implementing regulation (5 CFR Ch.1 Part 334) permits assignment of an employee for up to two years, with a possible extension of two more years. The employee could not be assigned again, after four continuous years, without at least a 12-month return to the organization from which originally assigned.

The Intergovernmental Personnel Act covers personnel of Federal agencies, State and local governments and "other organizations", which include a) organizations representing member State or local governments; b) an association of State or local public officials; or c) a nonprofit organization which has as one of its principal functions the offering of professional advisory, research, educational or development services, or related services, to governments or universities concerned with public management.

On July 19, 1988, USAID authorized project 936-5970, Technical Advisors in Child Survival, which became known as TACS. The project provided for 30 advisors, a program coordinator in the Office of Health, logistic support at the Centers for Disease Control and Prevention (CDC) and short-term assistance to CDC (and possibly other organizations) to develop, negotiate and facilitate long-term assignments. The project was later amended (in 1988, 1990, 1992 and 1993) to expand its coverage to conform with additional authorities in the legislation.

Fiscal Year 1989

Section 545 of the Foreign Operations, Export Financing and Related Programs Appropriations Act (P.L. 100-461 of October 1, 1988) raised the ceiling to \$6,000,000 and expanded the mandate to cover activities relating to research on, and the treatment and control of, acquired immune deficiency syndrome (AIDS).

The Act also removed the ceiling on numbers of personnel that could be assigned for these purposes.

USAID executed a separate Participating Agency Services Agreement with the Centers for Disease Control and Prevention to provide technical managers for the HIV/AIDS Prevention in Africa program.

Fiscal Year 1990

Section 544 of the Foreign Operations, Export Financing and Related Programs Appropriations Act (P.L. 101-167 of November 21, 1989) continued the activity at the \$6,000,000 level. Eligible funding accounts were those appropriated for health, child survival and AIDS.

USAID increased the life-of-project funding of the project to \$35,000,000 and changed the name to Technical Advisors in AIDS and Child Survival (TAACS).

Fiscal Year 1991

Section 543 of the Foreign Operations, Export Financing and Related Programs Appropriations Act (P.L. 101-513) raised the ceiling to \$8,000,000 and added private and voluntary organizations to the eligible sources of reimbursable personnel.

USAID executed a contract with the Centre for Development and Population Activities (CEDPA) to provide a Human Resources Coordinator and assistant to coordinate implementation of programs to obtain technical expertise from outside USAID to assist in health, child survival and HIV/AIDS programs, and to design an orientation system for non-direct hire persons assigned to the Agency's health, child survival and HIV/AIDS programs.

Fiscal Year 1992

Section 542 of the Foreign Operations, Export Financing and Related Programs Appropriations Act (P.L. 102-108) continued the activity at the \$8,000,000 level.

USAID extended the TAACS project to September 30, 1997 (with the final fiscal year of obligation to be 1995) and increased total funding authority to \$50,000,000.

USAID executed a five-year contract with the American National Red Cross to provide up to 12 Technical Advisors in AIDS and Child Survival annually.

Fiscal Year 1993

Sec. 542 of the Foreign Operations, Export Financing and Related Programs Appropriations Act retained the \$8,000,000 ceiling, added family planning to the eligible programs to be included, and authorized use of funds from all accounts appropriated for foreign assistance, including the Development Fund for Africa, Population and Nutrition funds, Economic Support Fund and Newly Independent States accounts.

USAID amended the project to conform to the expanded mandate.

The contract with CEDPA was amended to add population to the programs supported by the Human Resources Coordinator, to add a series of workshops related to USAID programs and the TAACS activity in particular, and to recruit personnel for up to eight positions as Technical Advisors.

Fiscal Year 1994

Section 522 of the Foreign Operations, Export Financing and Related Programs Appropriations Act (P.L.103-87 of September 30, 1993) continued the annual level of \$8,000,000 from funding account.

Fiscal Year 1995

The Appropriations Act for FY 1995 limits the exemption from personnel levels applicable to individuals assigned to USAID; the exemption will apply only to those individuals who are detailed or assigned to USAID prior to October 1, 1994.

1.2.2 Authorities Related to Other Parts of the USAID Program

The programs for Europe and Newly Independent States are exempted from certain restrictions and procedural regulations that apply to other parts of the USAID program. It is, therefore, possible for the Bureau for Europe and Newly Independent States to execute personal services contracts (PSCs) for long-term services in the Washington bureau and to give management authority to those personal services contractors. Thus, if a qualified individual can be identified for an assignment that does not require technical backstopping from one of the sponsoring institutions of the TAACS activity, the Bureau does not need to draw on the special appropriation for assignment of personnel to manage health, family planning and HIV/AIDS programs.

In another area of mutual strategic interest, that of Environment and Natural Resources, Congress has made it possible for USAID to use funds appropriated for programs to bring in outside expertise, through PASAs or contracts, for purposes of technical management of programs. Use of this authority has been concentrated in PASAs with the U.S. Department of Agriculture and the Environmental Protection Agency.

1.2.3 Discussion

The evaluation team considered whether it would be desirable to establish a centralized procedure for recruitment of all non-direct hire personnel who would be authorized to carry out the functions of direct USAID employees. Two important factors were taken into account. First, the authorities to use program funds to finance technical and managerial positions do not provide additional funds for the relevant programs. Rather, the use of these special authorities actually reduces the total of program funds that are available for sectoral assistance by the amounts necessary to finance the technical advisors. Second, the advantage once offered by the provision that personnel assigned under these authorities were exempt from all government agency personnel ceilings will not apply after October 1, 1994.

The team concluded that the special authorities available for population and health and for environment and natural resources have each been used to the extent necessary to fulfill USAID's responsibilities in the absence of adequate funding and FTE ceiling for direct hire personnel. In the future, however, to manage programs that will require heavier than usual concentrations of

technical personnel for a limited period of time, the Agency should seek authority to make limited career appointments. For longer-term needs, it should seek to justify its full needs for direct hire technical and managerial personnel.

1.3 Location and Roles of Advisors

1.3.1 Their Role as Technical Managers

The intent of the TAACS activity, in accordance with the legislative mandate, is to provide technical expertise to USAID for purposes of carrying out child survival and family planning activities, and activities relating to research on, and the treatment and control of, acquired immune deficiency syndrome in developing countries. Without this additional expertise, USAID, facing continuing shortages of people capable of technical management and recurring requirements to reduce its direct hire personnel, would not have been able effectively to plan and implement its expanding programmatic activities in those areas.

Health and family planning assistance programs and projects are most effective if they are designed and managed by staff with strong technical skills. Thus, of necessity, in addition to applying technical expertise to the review of procedures and program impacts, an advisor must carry out some management functions in order to make an effective technical contribution.

The management role of a TAACS advisor is one that could not be carried out with the same degree of competence by a non-technical officer. For example, a technician can best make decisions about which mix of contraceptives should be provided in a national family planning program, or how the results of an operations research study could most effectively be used to improve health services delivery.

TAACS advisors can be key contributors in the strategic planning and budgeting, and routine documentation that underlies USAID's ability to carry out health and family planning programs. They may also be used to supervise local employees or consultants, to monitor and evaluate the performance of local and international NGOs, or to represent USAID in national or international fora.

Although they understand the critical need they fill as managers, many TAACS advisors are frustrated by the amount of time they spend on purely managerial tasks. Several have expressed a desire for more time to keep abreast of current technical issues or to write articles for technical journals.

1.3.2 Accomplishments

Since the special authority was legislated, 57 individual advisors have been assigned to 63 positions (see Summaries of Completed and Current Assignments, Tables 1 and 2). These advisors have served in the Offices of Health and Population, in other USAID/Washington Offices and Regional Bureaus, and in 24 countries overseas.

The advisors have contributed significantly to USAID's objective of improving international health status. They have helped change harmful policies and practices, apply up-to-date technical skills to the solution of health and development problems, and provide critical management backstopping to the USAID Offices and Missions in which they work. (See Appendix A for a list of individual advisors by assignment and primary responsibility.)

TAACS Contributions to Health Policy Reform

In Honduras, the TAACS advisor helped to influence government policy regarding community management of rural water systems (in the past, the government was responsible for the operations and maintenance of rural water systems).

Acting on advice from the malaria advisor in Malawi, the Ministry of Health replaced chloroquine with Fansidar in the treatment of uncomplicated malaria.

In his work with local and international NGOs, the advisor in Haiti has been instrumental in changing strategies away from the use of immunization campaigns toward strengthening of the institutions which offer immunization services.

In Rwanda, the advisor worked with USAID and other donors to improve donor coordination in health and population activities.

TAACS Contributions in Application of Up-to-date Technical Skills to Health and Development Problems

The TAACS advisor in Cameroon helped the Ministry of Health develop a national health management information system. In researching the causes of Chagas disease in Bolivia, the advisor referred to the finding that improvements in housing could lower the risk of contracting the disease among adults, to secure special funding for pharmaceuticals to be used in to improve housing conditions.

Advisors have provided much-needed technical assistance in the areas of AIDS and sexually transmitted disease (STD) prevention, refugee affairs, water and sanitation, contraceptive technology and nutrition.

TAACS Contributions to the Management of USAID Programs

Nearly all TAACS advisors play significant roles in project management. Advisors also help to design and develop new projects and activities and to close out unsuccessful activities. For example, the advisor in Ecuador helped the Mission close out the unsuccessful Malaria Assistance Project, while assuring that much-needed assistance to the Ministry of Health in vector-borne disease would continue. In USAID/Washington, Ecuador, Rwanda, Mali, and Haiti advisors have participated in the design and development of multi-million-dollar health and family planning projects.

2. MANAGEMENT OF THE ACTIVITY

Since the recruitment of Public Health Service employees to serve as technical managers at USAID was first authorized in 1987, the Office of Health of the central USAID bureau responsible for technical programs and sectoral backstopping (now the Global Bureau) has taken the lead in managing The TAACS Project and the activities covered by its various agreements and contracts. One of the early recruits under the PASA executed with the Office of International Health was an advisor who was responsible for managing relations with OIH and the constituent public health agencies of the, then, Department of Health and Welfare.

Management of activity under the TAACS authority by the Center for Population, Health and Nutrition requires a fair amount of staff attention. Since 1991, a contract with the Centre for Development and Population Activities has provided a Human Resources Coordinator and a program assistant (position never filled) to advise on and monitor the use of non-direct hire personnel to help manage health programs.

Project managers face two challenges in managing the TAACS activity:

- The limitations imposed on numbers of personnel in collaborating government agencies call for a more strategic approach to recruitment and assignment of advisors in collaboration with sponsoring institutions.
- The legislation of a ceiling on funds available for the provision of technical advisors makes it necessary to assure access to information about all advisors and all funds committed, especially now that field Missions are beginning to execute direct agreements with sponsoring institutions without putting their funds through The TAACS Project itself.

2.1 Sponsoring Institutions and Agreement Mechanisms

2.1.1 Public Health Service

PASA number DPE 5951-X-HI-7015 was executed with the Office of International Health of the Department of Health and Welfare in 1987 in order to obtain the services of the U.S. Public Health Service for assistance in the planning, implementation and evaluation of immunization and other child survival and related activities. Services provided under the Agreement were to be directed toward child survival programs in order to strengthen and sustain the delivery of related primary health care services.

The PASA is carried out by OIH through sub-agreements with agencies of the Public Health Service such as the CDC, the Health Resources Services Administration (HRSA), or the Indian Health Service. All agencies are permitted to subcontract with other agencies or the private sector and educational institutions to meet the need for specific activities. For each advisor, either OIH or CDC provides orientation, organization of travel and shipment of household goods, office

equipment, and technical backstopping and supervision. Housing, and other local support costs and logistics as needed, are provided by the host USAID office or Mission.

Administration and accounting under the PASA appear to have been extraordinarily complex, perhaps because USAID has engaged in micro-budgeting during periods of uncertainty of appropriations and temporary Continuing Resolutions. The core funds in the PASA, which should be used to finance the direct interests of the Office of Health, have been used also to finance various periods of assignment for overseas advisors. Moreover, until the law was changed to permit the use of funds for Africa and Newly Independent States for TAACS purposes, the core budget had to carry assignments to the respective regional bureaus and Missions.

In any case, the evaluation team views the number of separate funding actions taken under the PASA—44 amendments dependent upon over 100 PIO/Ts—as excessive. For only a few advisors did a single document cover a full two-year assignment. Too often a sub-agreement has run out of funds, and the lack of timely action has put unnecessary strain on an advisor who had signed up for a two-year assignment as a government officer.

The PASA with OIH provides for overhead of 10 percent of all costs for headquarters support, and 20 percent of costs for support of off-site advisors. The project coordinator at OIH has helped process certain assignments covered by the sub-agreement with CDC and has taken responsibility for travel arrangements and other support functions for Washington-based advisors originating with CDC.

The Office of International Health is most interested in making an assignment under the PASA when the individual is on the permanent staff of one of the Public Health Service agencies (such as the Health Resources Services Administration or National Institutes of Health) or when the individual is of potential help to OIH in developing an agenda for new approaches to health issues (as, for example, financial sustainability). Outside of CDC, the Public Health Service has provided five past and two current advisors, all but one to serve in USAID/Washington.

The sub-agreement with CDC provides for a full-time program analyst and the part-time services of a child survival coordinator, country field support officers, and administrative support staff. CDC overhead for overseas advisors is 20 percent, based on all costs; for US-based advisors, it is 10 percent. These staff assignments and overhead appear to be reasonable, considering that, for its international programs, CDC is dependent on funding from outside agencies, such as USAID, the World Health Organization and UNICEF, and has a very limited budgetary base to support programs that have quadrupled since 1985 while the core staff budget has remained static.

During the 1991 evaluation of the TAACS activity, CDC raised the issue of its dependence on a sub-agreement with the Office of International Health for this TAACS activity, expressing its preference to work directly with USAID. The current view of CDC is that working relationships among USAID, OIH and CDC are satisfactory, but that the insertion of an intermediary mechanism between USAID and CDC makes for an overly complicated managerial system. CDC finds PASAs executed directly with Missions more attractive, as these often include funds for short-term technical services to support the work of the advisor.

The sub-agreement of the Office of International Health with CDC has provided 11 past and 15 current advisors. The majority of advisors placed have been regular CDC staff members, members

of the Commissioned Corps of the Public Health Service, or persons known to CDC from previous work under contract.

In the view of CDC, too many advisors were assigned to USAID/Washington rather than to USAID field programs. CDC is especially pleased with the performance of two advisors who were assigned to host country ministries of health. Ironically, since those advisors did not have direct USAID responsibilities, they could have been placed in position under a contract or PASA, and need not have counted within the ceiling mandated for the TAACS activity.

The current staff situation at the International Health Program Office (IHPO) of CDC appears to permit consideration of additional collaboration with USAID to assign staff as technical advisors. The 1993 ceiling of 140 was to have been reduced to 119 and to be reduced by two percent per year thereafter. The staff, on which the annual turnover rate is about 15 percent, is currently down from 142 to less than 119, a total that includes some time-limited TAACS advisors and staff on time-limited project detail. The Director of IHPO believes, therefore, that there will be opportunities for further CDC collaboration with USAID on TAACS assignments that fit a mutual strategic design.

2.1.2 Intergovernmental Personnel Act (IPA)

Under the authority of the Intergovernmental Personnel Act, the Office of Personnel of USAID has brought a total of eight technical advisors to USAID from eight different universities or university institutes. All but one of these advisors have completed the four years permitted under the Act. However, four of the seven who have completed an assignment are still serving with USAID, under sponsorship of the American National Red Cross or the Office of International Health.

An advisor under IPA is employed in accordance with the hiring and ranking practices of the university. USAID reimburses the university for salary and fringe benefits, allowances, office equipment, transfer costs, and a USAID-managed annual travel budget. USAID provides office space. No overhead is paid to the university.

Access to a technical specialist under the IPA requires negotiation. The university wants to be assured of the substantive exchange that will be possible between one of their departments or programs and USAID. And USAID wants to be assured of the necessity for the recruitment from outside. The Office of Management and Budget and Office of Personnel Management will require that any person on reimbursable detail taking on responsibilities of the Agency will have to be counted within the Agency's total personnel level, though not within the ceiling for full-time equivalent positions.

The last IPA-sponsored advisor will complete a four-year term in 1995. Because of the potential value of strong backing from a university, in both research and operations, in pioneering approaches to family planning and health programs, the evaluation team believes that USAID should continue to explore the IPA resource to the full extent of its potential for assisting USAID.

2.1.3 American National Red Cross (ANRC)

On the basis of the experience of American National Red Cross in recruiting and placing medical and health professionals and its interest in contributing to longer-term health objectives on a worldwide basis, USAID executed a contract with the organization in September 1992. The contract called for provision of up to 12 technical advisors over four years, and optionally for a fifth year. The contract was seen as offering access to the unique recruitment and international structural arrangements of the Red Cross, and potentially to staff with experience in managing health crises in the field.

Of the 12 advisors anticipated under the contract, 10 are in place and two are pending recruitment. Most of the advisors already in place were candidates known to USAID and referred to the Red Cross to be considered in its competitive recruitment process. Two were already on board under The TAACS Project through a different sponsor, and one an American Association for the Advancement of Science fellow. To date, there has been no crossover from existing Red Cross staff or organizational interest to USAID. Moreover, because placement in a position where they will represent a government agency makes it impossible for the advisors to follow the Red Cross principle of neutrality, the advisors are considered not to represent the Red Cross in any way. Thus, in effect, the contract has served basically an administrative purpose.

The Red Cross handles the personnel processing and logistic arrangements for international travel and transfer of household goods, and provides each advisor with an annual travel budget. USAID usually provides office space, housing and other in-country costs.

2.1.4 Centre for Development and Population Assistance (CEDPA)

A sole source contract with CEDPA executed in July 1991 called upon the organization's familiarity with USAID and its wide experience in training for development to develop and offer training workshops for persons undertaking assignments as technical advisors at USAID. The contract also covered the provision of a two-person team to oversee and implement the TAACS activity at USAID and called for the part-time services of a trainer at CEDPA. Staff support at CEDPA was to be covered by overhead on the salaries of personnel provided under the contract.

A contract amendment of September 1993 called for recruitment and placement of eight advisors in family planning. One advisor has been at post for several months, and five candidates are in process of final approval and expected to be at post by the end of the year. Recruitment for the last two positions has been delayed, in one instance because the USAID/Washington office is revising the Scope of Work, in the other because of suspension of USAID activities in a country.

The requirement for the USAID Contracting Officer's approval of all procurements over \$500 in value has slowed actions to support the one advisor who is already overseas, with the result that the advisor is not yet equipped with anticipated household and office equipment. Moreover, not only did the agreement for the advisor fail to include local transport costs, but the USAID Mission did not offer the support it would give to a U.S. government agency employee.

To alleviate this problem in future:

- USAID should consider a change in the contract that would give administrative responsibility for housing and local support costs, whether budgeting by the Mission or the TAACS mechanism, to the USAID Mission; and
- USAID should send to all Missions and offices formal guidance on the status of advisors under the special mandate that authorizes the TAACS program.

2.1.5 USAID Offices and Missions

Under a separate PASA agreement, DPE-5972-P-GC-7180, covering fiscal years 1989 to 1993, CDC provided short-term services and six advisors in TAACS status to address HIV/AIDS prevention in Africa. This PASA provided five advisors. Since 1993, one TAACS advisor on HIV/AIDS has been financed under the PASA with the Office of International Health.

In 1992, in order to bring a technical manager of child survival programs to the Mission, USAID/Haiti funded an amendment to its PASA with CDC, one that financed short-term technical services on child survival matters. Thus, the advisor cannot only obtain the advice of world experts on tropical health matters at CDC by telephone but can also call upon CDC for short visits to carry out particular analyses or provide technical assistance as needed. The importance of such access was particularly significant, for example, when world opinion became concerned about deteriorating health and nutrition in Haiti, and the USAID Mission wanted to confirm the reliability of the methodology used to measure health status.

In Uganda, where two advisors have completed tours sponsored by CDC under The TAACS Project, USAID has negotiated a direct PASA with CDC to continue the services of the HIV/AIDS advisor and the child survival and family planning advisor.

2.1.6 Discussion

Each of the sponsoring institutions offers particular benefits to USAID. USAID would be well advised to continue to employ the entire spectrum of resources available through the several agencies, recognizing their varying capacities and interests and considering the following:

The Strength of the Sponsoring Institution's Desire to Pursue its own Agenda

There has been some tension between government agencies because USAID has perceived a strong desire on the part of CDC to carry out its own strategic agenda. As far as strategic approach is concerned, the perception appears to have been correct. The "emphasis" countries for USAID's child survival activities did not coincide completely with CDC's priority list of countries in which its focus was directed toward polio eradication, immunization or other child survival interventions. In family planning, CDC's interests lie in Africa and India rather than Asia or Latin America. Now that it is faced with the necessity to reduce personnel levels, and to count TAACS advisors among total personnel, CDC has become more selective in agreeing to recruit an advisor, preferring to use available full-time personnel equivalents for purposes that coincide with its own strategic interests.

The Director of the Office of International Health Programs at CDC assured the evaluation team that, although some current TAACS advisors would be accorded low priority for inclusion in permanent staff, others, in the context of mutual agreement on objectives, would receive high priority.

The team concludes that it is not detrimental to USAID for the strategic agenda of CDC to influence decisions taken under the PASA, which is, after all, an agreement between collaborating government agencies. Regular formal strategic discussions should be organized between USAID and CDC to identify which positions are appropriate for CDC to fill and backstop, and which could be recruited from other sponsors. Whenever there is coincidence of strategic priority and a clear need for technical backstopping, it is likely that CDC would desire to respond to USAID's needs.

USAID has also feared that an advisor placed by CDC, and backed by CDC, would tend to push USAID too far toward a CDC-based strategy for interventions in health matters in the host country. In any USAID Mission with sufficiently strong leadership in Population and Health and top management commitment to a defined sectoral development strategy, such a situation should not occur. In fact, the evaluation team could not identify an instance of Mission disagreement with CDC specifically on the activities of a TAACS advisor.

The Institutional Capacity to Offer Technical Supervision to Advisors

Not only is CDC best capable of technical supervision, it is also committed to a system of supervision of field staff (most of whom are in the United States) that calls for maintenance of contact and supervisory missions. For advisors posted overseas, USAID and CDC are in agreement that one supervisory trip per year is needed and should be adequate.

University sponsors generally do not see themselves as the directors of the work of advisors, though they do have a supervisory role, in that performance evaluation and promotion will depend on the specific contributions of an advisor. University institutes which have assigned advisors to USAID want to be informed about research and operational experiences of the advisors and are willing to offer opportunities for contact with current thinking on topical as well as fundamental issues.

For neither of the contracting organizations has technical supervision yet become a significant factor. It is likely, however, that CEDPA, after it has completed placement of eight family planning advisors, will serve as a source of advice, documents and networking for those advisors.

The Capacities of Non-governmental Organizations to Recruit Health and Family Planning Specialists

Each of the non-governmental organizations has enhanced its capacity to identify and place candidates for TAACS positions.

For CEDPA the contract with USAID has helped

- solidify knowledge and understanding of USAID processes through preparation of orientation workshops;

- create a better understanding of the challenges involved in placement of long-term advisers in the field; and
- stimulate formal adoption of written policies on travel and logistical backstopping.

The American National Red Cross has invoked established procedures to advertise the advisor assignments in a competitive process. USAID, however, has used its contract with the Red Cross primarily to facilitate assignment of specialists and the transfer of certain specialists already assigned to USAID under alternative, but expired, arrangements. The organization has developed recruiting and accounting systems and a database of potential candidates for future positions, and is considering how it could develop linkages between its regular activities and those of the advisors.

2.2 Recruitment

2.2.1 Recruiting Procedures

Identification of Candidates

Established procedure calls for the requesting USAID Mission or Office to draft a Scope of Work and PIO/T to send to the TAACS coordinator in the Office of Health. The coordinator then sends the Scope of Work to the appropriate sponsoring institution, as determined by the intended technical area in which the proposed advisor is to work, and the potential requirement for technical backstopping. The sponsor advertises the position, in accordance with its established competitive procedures, in order to locate interested candidates.

This procedure is not always followed, however. In many instances, a candidate is already known to USAID, as has been the case with most advisors recruited by the American National Red Cross.

Among the advisors sponsored by universities, more than half had been known to USAID, some through their work on USAID-financed projects. The Public Health Service and CEDPA have taken greater direct responsibility in the recruitment of candidates. Of 39 Office of International Health and CDC placements, 30 were either CDC or Public Health Service career professionals or were known to the CDC through previous contract work. Of the eight TAACS positions for which CEDPA was contracted to recruit, only one was initially identified by USAID.

All sponsoring institutions report that they send three to five resumes to the requesting USAID Mission or Office. This procedure ensures that the USAID/Washington Office or USAID Mission has the opportunity to review the resumes of several qualified candidates and to select the one that is best qualified. The Office of International Health, the CDC and CEDPA have databases of qualified candidates from which to search for recruits, and the Red Cross is developing such a database. The Red Cross reports, however, that most of the individuals in its current network do not have the language capability, USAID background, or long-term international experience required for TAACS placements. In an effort to identify three to five suitable candidates to present to the USAID Mission in Niger, and to add to its database of possible TAACS recruits, the Red Cross has advertised in public health journals and in the *Washington Post* and *New York Times* and has participated in meetings of national public health associations.

Negotiation of Terms of Service

In most instances, the negotiation of salary, benefits, and other matters between the recruit and the sponsoring institution have proceeded smoothly. However, in a few cases, misunderstandings have arisen between a recruit and the sponsoring institution. On occasion, pressure has been put on the TAACS coordinator to encourage the sponsoring institution to make an exception to its policies. The evaluation team considers this to be an inappropriate role for USAID and believes that contract negotiations (e.g., salary, benefits) should remain between the recruit and the sponsoring institution.

Time Required for Placement of an Advisor

On average, about 12 months are required for the processing of a recruit for a TAACS position. One year's time is less than that usually required to place an expert under an institutional contract, but inevitably more than the requesting office had anticipated. Time is required for review of qualifications and final selection of a candidate, negotiation between the candidate and the sponsoring institution, approval by the USAID contracting officer, and security clearance. As each of these steps is critical to the processing of a TAACS recruit, delays appear to be unavoidable.

Under some mechanisms, USAID has found it useful to use core funds in the project to provide up to 90 days of temporary duty for a potential TAACS recruit, either for the candidate to have a trial period with the recruiting Mission or Office, to facilitate a transition from strictly technical advisor status to technical manager status, or to fill the gap between one form of service to USAID (perhaps a fellowship or an institutional contract) and completion of arrangement under The TAACS Project. However, a TAACS advisor does not assume the direct-hire authority until the paperwork has been processed. Also, for overseas TAACS placements, shipping of household effects and travel to post of family members of the TAACS advisor cannot be arranged before processing is complete. Advisors to be assigned to USAID/Washington offices can usually begin work, but without assuming direct-hire authority, with a limited security clearance.

Significant delays occur in contract approval, for one reason or another. At times, the contract is delayed because the amount committed in the PIO/T is inadequate for the needs of the contract. Often, the estimated salary is too low, considering the levels of technical skill and experience required.

However, the security clearance process has been the biggest impediment to timely processing of a recruitment. Advisors are required to obtain a "secret" security clearance, or, if necessary in order to carry out their duties, a "top secret" clearance. Advisors placed in USAID/Washington offices are cleared to the lower level unless an exception is made to enable access to, and ability to escort visitors to, certain kinds of meetings. Overseas, the level of clearance is determined by the USAID Mission in the context of current U.S. Mission policy. When USAID manages the security investigation, the shortest times that can be anticipated are three months for a "secret" clearance and six months for a "top secret" clearance.

Security clearances for candidates from universities, CEDPA and the American National Red Cross are processed by the project coordinator through the USAID clearance system with the usual delays. A number of recruits have encountered extreme difficulties obtaining a security clearance

for employment by CDC, however. The process required review of the application for clearance by a staff member at CDC who concentrated on getting every detail exactly right before sending it on to the Department of Health and Human Services, thence to be sent to FBI. The 18-month delay for one recruit was so frustrating that he withdrew his name from consideration.

To obtain security clearance for a new employee, the recruiting agency of the Public Health Service submits the required forms to the security officer of the Department of Health and Human Services in Washington. Following his review, this officer sends the forms to the Office of Personnel Management, which will conduct the required investigation and, eventually, report back to the DHHS security officer, who will in turn report the results to USAID. It is not likely that this lengthy process can be shortened significantly.

2.2.2 Orientation of Recruits

The sponsoring institutions provide for orientation of newly recruited advisors to the Mission and operations of the institution. The Red Cross, for example, conducts a formal, one-day orientation to Red Cross philosophy and administrative procedures. The CDC conducts a three-to-five-day orientation for its recruits, which includes a briefing on administrative procedures and policies, as well as meetings with staff of technical offices and divisions considered to be relevant to the individual TAACS placement.

In addition, because many TAACS recruits are new to USAID management policies and procedures, the 1991 contract with CEDPA called for periodic orientation workshops to introduce TAACS recruits to USAID management systems. The objective was to ensure that TAACS advisors would be sufficiently armed to carry out their project management duties responsibly and with as little mentoring at post as possible. CEDPA has conducted two-week orientation sessions, the first in October 1992 and the second in November-December 1993. CEDPA hired a consultant to help design and conduct these orientation sessions. The first session was tighter in organization and presentation, was better attended, and was more positively evaluated than the second. CEDPA has decided to reduce the third session to one week and to manage it internally or seek a different consultant.

The orientation sessions were designed to offer, primarily to employees new to USAID, an introductory course on USAID's project design process and the documentation associated with it. The course included modules on roles and responsibilities; the project cycle and the Logical Framework; the program and project documentation cycle; monitoring, evaluation, and reporting of project performance; and effective management of development projects. The comprehensive training manual, developed by CEDPA, was designed to serve as a reference book for advisors on their assignments.

Many advisors (including several who had completed the CEDPA course) found that they had been insufficiently trained in USAID policies and procedures and have had to rely on USAID staff for tutoring as problems arose. One advisor reported that she became dependent upon the contractor for the project she was supervising for coaching in USAID management and administrative policies with regard to that particular project. The most serious gap in training was on USAID financial management and procurement issues ("how to move money through the Agency," "how to get

money out to the Cooperating Agencies," "what a PIO/T is"). Some participants found the course to be oriented too heavily toward overseas placements to the exclusion of issues of concern in USAID/Washington positions.

A number of TAACS recruits were unable to participate in the annual CEDPA course until after they had already taken on their USAID responsibilities. Ideally, each advisor would participate in an orientation course before reporting to work at USAID. However, due to the already long time delays between a request for an advisor TAACS placement and arrival at post, a further delay in the placement of an advisor to accommodate attendance at a course offered only once a year would not be advisable.

USAID offers an excellent course in Project Implementation several times a year, but the course has been heavily subscribed in recent years. If the Agency could expand the course to include newly recruited TAACS advisors in its regularly scheduled course sessions on a timely basis, the CEDPA course might not be necessary.

2.2.3 Conditions of Service

Status in Recruiting Institution

TAACS advisors are employees of their sponsoring institutions. They generally receive the same benefits and are subject to the same performance-based salary increase systems and other personnel policies as all other employees. The TAACS agreement with the Red Cross permits an annual salary increase of not more than four percent. Employees of the Red Cross not under this contract do not receive a similar benefit. Each of the sponsoring institutions provides an orientation to the advisors whom they employ. All but one of the sponsoring institutions asks the USAID supervisors of TAACS advisors to complete performance reviews on the forms utilized by other supervisors in the institution. The American National Red Cross asks USAID supervisors of TAACS to complete performance reviews using the "Non-Direct Hire Performance Evaluation" designed by USAID TAACS staff in consultation with CDC.

Status within USAID

Most advisors portray themselves as USAID employees to their colleagues both within and outside of USAID. A few of the advisors under the OIH-CDC PASA reported that they acknowledged their connection either to the CDC or to the Public Health Service when association with that institution afforded them an increased air of professional and technical legitimacy.

Advisors are generally treated similarly to U.S. direct hire employees by the staff of the USAID Office or Mission to which they are assigned. However, the status of advisors under contract to an NGO can be problematic, especially overseas. Some advisors report that privileges afforded to other Mission employees (such as access to the diplomatic pouch or APO privileges, use of State Department medical services, use of Mission vehicles, or even use of Mission photocopiers) have been denied to them. Of course, such differential treatment varies by post, and the worst instances are rare. However, clear guidance specifying that TAACS status is equivalent to that of U.S. direct hire employees would be helpful in alleviating the problem in the future.

Logistical Support

1) Intergovernmental Personnel Act

Logistical support provided by universities to TAACS advisors under the Intergovernmental Personnel Act varies by university. Most advisors placed under the IPA mechanism have served in USAID/Washington offices and have therefore not required logistical support beyond the provision of a computer and a USAID-managed annual travel allowance.

2) Office of International Health and Centers for Disease Control and Prevention

By far, the largest number of advisors have been placed under the PASA with the U.S. Public Health Service through the Office of International Health or CDC. Most of the overseas placements under this PASA have been recruited by, and thus receive logistical support from, the CDC. This group of overseas advisors was generally satisfied with the logistical support received from CDC, which includes travel to post and shipping and storage of household goods. Local logistical support is provided to advisors by the Executive and General Services Offices at the USAID Mission.

The Office of International Health provides logistical support to USAID/Washington advisors placed under the PASA. Advisors have received computers as needed, and have found the handling of travel requests to be prompt and efficient.

3) Centre for Development and Population Activities

CEDPA, being inexperienced in the placement of overseas long-term advisors, encountered a few difficulties in assuring that the first advisor placed overseas received the same kind of support as the USAID Mission staff. However, CEDPA staff have now developed streamlined administrative procedures to assure that specific country conditions are accounted for in the placing of each overseas advisor. The contract with CEDPA stipulates that CEDPA will finance housing and all local support costs. The evaluation team learned that the processing of each expense (the telephone and electricity bills, for example) is cumbersome and time consuming and recommends that USAID amend the contract to shift the responsibility for housing and local support to the USAID Mission.

4) American National Red Cross

The American National Red Cross is noteworthy in its ability to provide timely and responsive logistic support. The Washington-based advisors under this contract report that the Red Cross is very efficient in handling their travel budgets and responsive to requests for tickets, even on a last minute basis. Three of the 10 advisors placed by the Red Cross are overseas. They report that Red Cross handled smoothly the shipping and storage of household effects, travel to post for themselves and for family members and, in general, have provided good logistical backstopping.

Technical Support

1) Intergovernmental Personnel Act

Interviews with advisors who have served or are currently serving under the Act indicate that the sponsoring university usually offers encouragement and technical backstopping for the work their representatives are performing at USAID. It is apparent that a fruitful exchange exists between an advisor and an institution that has a keen academic interest in the field in which the TAACS advisor works.

2) Office of International Health/CDC

CDC provides up-to-date technical information and data to its field staff through mailings of reports and technical journals; field staff participation in child survival meetings; and the provision of short-term technical experts in child survival and AIDS. CDC has been timely and technically very responsive to requests for technical support and information. Short-term services are usually funded by the benefiting USAID Office or Mission, but occasionally from core project funds, as when USAID funded a Public Health Service response to influenza in Eastern Europe.

3) Center for Development and Population Activities

Because CEDPA has only placed one advisor overseas to date, it is difficult to determine the quality of technical support that CEDPA will be able to provide. The one advisor currently serving under the CEDPA contract does not access CEDPA for technical questions and reports that she will probably not do so in the future, as she can find answers to her questions from institutional contractors in the field (e.g., AIDSCAP, the Population Council).

4) American National Red Cross

The American National Red Cross provides virtually no technical support to its TAACS advisors, whether in Washington or overseas. However, the advisors serving under contract to the Red Cross, as individuals already familiar with the kind of work they are doing at USAID, may not request such support. Possibly the International Services Division of Red Cross should be more informative with future placements about the type of technical support services it can provide.

2.3 Performance Evaluation

Advisors are subject to the performance evaluation systems of their Public Health Service agency or non-governmental organization employer, but they usually discuss their work plans periodically with their USAID supervisors and often ask the supervisor to contribute to the evaluation by writing a memorandum of performance or drafting the response for a required form.

Those advisors who are members of a career service generally take the evaluation system very seriously and work with both their USAID and home agency supervisors to ensure that their accomplishments are recognized. For some advisors, however, an evaluation system is seen mainly as the route to an increase in rank or salary. The evaluation team found only one instance of an advisor's and contractor's frustration at a lengthy delay in completion of a performance evaluation.

Intergovernmental Personnel Act

TAACS advisors placed under the IPA mechanism with universities generally receive performance evaluations within the (usually rigorous) university rating and promotion system.

Office of International Health/CDC

As most advisors under the Office of International Health and CDC PASAs are career employees in the Public Health Service, the Office of International Health and CDC use their own forms and procedures for evaluation of employee performance. Even advisors who are not career employees with the Public Health Service report that they appreciate the value of this system, because the Service is almost universally recognized for its professional and technical competence. A positive evaluation could therefore benefit an employee seeking other employment in the future.

The CDC system has not been applied uniformly to the TAACS advisors. In some instances, the headquarters staff has filled out an evaluation form, as the annual deadline approached, without having made the expected annual supervisory visit to the field or consulting either the advisor or the USAID supervisor.

Centre for Development and Population Activities

CEDPA has adapted its internal performance review form for use by USAID supervisors of TAACS advisors. The form asks the supervisor to rate the advisor's performance according to three criteria of overall effectiveness. CEDPA experience with the supervision and performance of TAACS advisors is limited, however, as the organization has placed only one overseas advisor to date, and this advisor only recently participated in her first review of performance.

American National Red Cross

The American National Red Cross uses a generic performance evaluation form developed by the TAACS coordinator. The staff has experienced difficulty in getting performance evaluations from the supervisor of one of its advisors. However, this situation appears to be due more to the heavy management load of the supervisor than to an outright reluctance to review the advisor's progress toward objectives and complete the required form.

3. COSTS

The cost of placing an advisor in a USAID/Washington or field Mission assignment varies with the specific provisions applicable to each recruiting mechanism. To some degree, value rendered varies as well, in accordance with the quantity and quality of technical backstopping provided. The Centers for Disease Control and Prevention, for example, is outstanding in provision of documentary and professional advice and short-term technical assistance.

It is not possible to compare total costs between sponsoring institutions because of variations in requirements. All agreements and contracts cover, at the minimum, salary, fringe benefits, computer and other needed office equipment, business travel, and transfer costs as required. Only CEDPA, and the American National Red Cross on an exceptional basis, cover housing overseas. Further variation occurs in the terms of service of the sponsoring institution and in the treatment of allowances and local costs for overseas placements, which in some instances are not funded through The TAACS Project.

Nor is it possible to compare directly the cost of a TAACS advisor to the cost of a U.S. direct hire employee because information on the average costs of fringe benefits and allowances, overseas housing, or in-house supervisory and support functions offered by USAID is not available.

One can, however, compare the cost of an advisor under The TAACS Project to the current average cost to the Agency of \$270,000 for one year of overseas service from a long-term expert under USAID contract. According to actual budgets reviewed by the evaluation team, TAACS project costs appear to be somewhat less.

For a University Staff Member provided under the Intergovernmental Personnel Act:

- No overhead or fee is charged.
- A full package of insurance and pension benefits is available.
- The cost of one year for an advisor at USAID/Washington is \$140,000–150,000.

For a Public Health Service employee:

- For long-term advisors, overhead is 10 percent on all costs of the Office of International Health, and 20 percent to OIH or CDC on the costs of each long-term advisor.
- At OIH, all costs for management of the program are covered by the overhead.
- At CDC, the project finances one full-time program analyst; the part-time services of a child survival coordinator, of country field support officers, and administrative and financial staff; travel; and other direct costs.
- The PASA covers benefits but not other overseas costs and allowances.
- The budget for a CDC-placed advisor for one year has averaged \$145,000 whether in Washington or overseas.

For an American National Red Cross employee:

- The project finances a project manager and a finance and administration officer, and the part-time supervision of a program director and a division director.

- Overhead is 57 percent on salaries of headquarters staff costs, 11.4 percent on salaries of advisors, and 0.3 percent on direct costs.
- Housing and other local costs, covered not by the contract but by the USAID Mission, are estimated at \$75,000 per year.
- Direct costs to the contractor for an advisor average about \$130,000 per year; total costs average about \$205,000.

For an employee of CEDPA:

- Supervisory and staff costs for recruitment and backstopping are covered by overhead of 108 percent on salaries of advisors.
- Housing and all other local costs overseas are paid directly by CEDPA.
- The budget for the full costs of an advisor overseas for one year ranges from \$200,000 to \$250,000; actual costs to date have been approximately \$185,000.

4. RECOMMENDATIONS

Continuation of the Project

1. As long as USAID is committed to its newly invigorated population and health strategy, and policies adopted under the National Performance Review restrict the number of positions available for technical personnel to carry out its objectives, USAID should continue to place TAACS advisors in positions that are strategically important to fulfilling those objectives.
2. The TAACS Project itself should be extended and expanded as necessary to support the recruitment and backstopping of highly qualified technical officers and technical managers to carry out the Agency's strategy.

Strategic Planning

3. USAID should meet at least annually with each of the institutions sponsoring TAACS advisors to review mutual strategic objectives and the role of TAACS advisors toward meeting those objectives. The agencies should establish together the priority assignments for advisors for the next three to five years.
4. Because of the severe restrictions on numbers of direct hire personnel at USAID Missions, priority should be established for placement of advisors in Missions which are pursuing a strategic objective in health and/or family planning.

Management of the Program

5. USAID should continue to employ the arrangements currently followed (PASAs, IPA exchanges and contracts with non-governmental organizations) to recruit, place and support TAACS advisors.

It should concentrate its recruitment on

- The PASA with OIH, and separate PASAs directly with CDC, for advisors who may be expected to call on the Public Health Service for technical backstopping and whose placement meets mutual strategic objectives;
 - IPA arrangements with universities for Washington-based assignments dedicated to new approaches to health and family planning challenges for which academic backstopping could play a significant role;
 - The American National Red Cross for assignments for which individuals who are well acquainted with USAID programs are expected to apply; and
 - CEDPA for overseas advisors in family planning and related programs.
6. As the demand for TAACS advisors grows, and considering limitations on the pool from which advisors can be drawn, USAID should review each request to ensure that the special

authority for TAACS is necessary for the position and that it cannot be filled through an institutional or personal services contract.

7. Local support for an advisor assigned overseas should be provided administratively by the USAID Mission, no matter whether the costs are budgeted within a PASA or contract or directly by the Mission. The contract with CEDPA should be amended to make it consistent with this recommendation.

8. The Office of Procurement should estimate, and establish in consultation with the contractor, an appropriate overhead rate for off-site placement of advisors by CEDPA.

9. Except under unusual circumstances, USAID/Washington should not process a request for a TAACS advisor until it is assured that the requesting Mission has committed sufficient funds to support that advisor overseas for at least two years. Similarly, USAID should reduce the number of PASA and contract amendments by budgeting and funding in a single increment, for example, the full two-year costs of an advisor or the annual requirements for headquarters support.

10. USAID must monitor financial commitments for TAACS advisors within the U.S. dollar ceiling established by the relevant annual appropriations act. It should establish a system of information exchange that permits reporting of Mission commitments under separate PASAs or contracts as well as the Washington-based TAACS project-funded PASA and contracts.

11. To rationalize management of the multiple sources of recruitment and information on the individual advisors, USAID should complete a handbook setting forth the procedures for recruitment and placement of advisors through the various sponsoring institutions and complete a comprehensive database on past and present advisors.

Status and Orientation of the Advisors

11. Official guidance should be issued and cabled to USAID Mission Directors to explain the status of TAACS advisors as equivalent to direct hire personnel in accordance with successive provisions of the annual Foreign Operations, Export Financing and Related Programs Appropriations Acts and with USAID policy, noting especially that:

- Provisions apply to advisors under contract, even though they are not U.S. Government employees.
- Advisors will be employees of the sponsoring institution, in accordance with its policies and practices.
- USAID supervisors have a legitimate role in reviewing the qualifications of nominated candidates, but not in the negotiation between the selected recruit and the sponsoring institution.

12. Given that advisors inevitably will participate in the processing of USAID documents and some parts of the budgeting and financial system, the orientation program should emphasize project implementation and USAID financial management.

TABLE 1

TAACS SUMMARY OF ASSIGNMENTS - COMPLETED
(as of 9/1/94)

Location	TAACS Name Description	Start Date End Date	Agreement Type
=====			
R&D/H/HIV-AIDS		Completed	AIDS PASA-CDC
Peru	Thomas Betz	Completed	AIDS PASA-CDC
Jamaica	Wayne Duncan AIDS AIDS AIDS, CS	Completed	AIDS PASA-CDC
CAR	Reggie Hawkins AIDS	Completed	AIDS PASA-CDC
R&D/POP	Eric Jensen	Completed	IPA - Wm&Mary
PPC/PDPR/SP	Melanie Marlett	Completed	IPA - Tufts
R&D/POP	Sidney Schuler	Completed	IPA - EMCVA
AFR/TR	Felix Awantang	2/28/88 - 8/12/88	PASA-OIH
R&D/H	Robert Kim-Farley	7/5/88 - 8/31/89	PASA-OIH
Ecuador	Joe Baldi	10/18/87 - 12/31/89	PASA-OIH/CDC
AFR/TR/HPN	Margaret Meites	11/7/88 - 5/31/90	PASA-OIH/CDC
Senegal	Arthur Legace	2/5/89 - 5/31/91	PASA-OIH/CDC
Mali	Michael Qualls	5/7/89 - 7/31/91	PASA-OIH
Nigeria	M. Broderick Child Survival	10/91 - 6/92	PASA-OIH/CDC

AFR/TR/HPN	Laurie Ackerman CCCD Prj.Mgr.	6/18/90 - 9/30/92	PASA-OIH/CDC
Indonesia	Michael Linnan Child Survival, AIDS	1/11/89 - 1/21/93	PASA-OIH/CDC
Ecuador	Ken Yamashita Deputy Health Chief	11/10/89 - 2/6/93	PASA-OIH/CDC
R&D/H	Jerry Gibson Project Manager	10/90 - 7/93	PASA-OIH/CDC
Morocco	Michelle Moloney MCH, AIDS	10/89 - 9/93	IPA-Hahnnemann
FVA/PVC	Jaime Henriquez PVO Grant Manager	12/15/91 - 3/11/94	PASA-OIH
R&D/H	Kirk Miller Project Manager	9/6/88 - 6/30/94	PASA-OIH/CDC
Rwanda	Chris Grundmann AIDS, Child Survival	6/1/92 - 6/30/94	PASA-OIH/CDC
Cameroon	James Zingeser Health Info Systems	3/29/92 - 7/23/94	PASA-OIH/CDC
Honduras	Herb Caudill Water and Sanitation	4/1/90 - 7/31/94	PASA-OIH/CDC (now PSC with Mission)

TABLE 2
TAACS SUMMARY OF ASSIGNMENTS - CONTINUING
(as of 9/1/94)

Location	TAACS Name Description	Start Date End Date	Agreement Type
Uganda	Elizabeth Marum AIDS	Completed Since mid-94	AIDS PASA-CDC Mission PASA
Uganda	David Puckett Family Planning, Oral Rehydration Therapy	12/1/88 - 11/30/93 Since mid-94	PASA-OIH/CDC Mission PASA
Yemen	Edward N. Kassira Epidemiology	11/10/91 - 9/24/94	PASA-OIH/CDC
Togo	Karen Wilkins Family Planning, Child Survival	10/04/92 - 10/03/94	PASA-OIH/CDC
Haiti	Brad Barker Child Survival	10/4/92 - 10/3/94	Mission PASA
ANE/TR	Carol Rice Health, CS	12/92 - 11/94	Red Cross
Niger	Sylva Etian Nutrition	8/26/90 - 11/25/94	PASA-OIH/CDC
Bolivia	Joel Kuritsky Communication, Child Survival	11/16/88 - 11/15/94	PASA-OIH/CDC
G/PHN/POP	Pamela Wolf Contraceptive Technology,	9/1/90 - 1/29/93	PASA-OIH/CDC
Ghana	Evaluation, Management	1/30/93 - 1/29/95	PASA-OIH/CDC
G/PHN/HN	Dale Gibb Project Manager	7/91 - 7/95	CEDPA

G/PHN/HN	John Tomaro Health Care Financing	9/90 - 9/95	IPA-RTI
LAC/RSD/PHN	James B. Sitrick Regional AIDS	8/31/93 9/95	Red Cross
G/PHN/HN	Dennis Carroll Environmental Health	9/29/91 - 9/28/95	PASA-OIH/CDC
G/PHN/HN	Denise Rouse HIV-AIDS Advisor	10/1/93 - 9/30/95	PASA-OIH
G/PHN/HN	Bill Hausdorff CVI, EPI Advisor Public Health Advisor	10/1/93 - 9/30/95	PASA-OIH/CDC
AFR/SD/HRD	Mary Harvey Program Analyst Child Survival	10/4/92 - 10/3/95	PASA-OIH/CDC
R&D/H; ENI/EUR/TR ENI/HR/HP	Julia Terry Health, CS	1988 - 1992 12/92 - 11/95	IPA - Boston U. Red Cross
G/PHN/HN	Al Bartlett Child Survival: BASICS	12/1/91 - 11/30/95	PASA-OIH/CDC
Guinea	Helene Rippey MCH, Family Planning	12/93 - 12/95	Red Cross
Tanzania	Susan Hunter AIDS	12/93 - 12/95	Red Cross
Mali	Lucy Mize Population	1/94 - 1/96	CEDPA
G/PHN/HN	Robert Emrey Health Care Financing	9/89 - 9/93 2/21/94 - 2/20/96	IPA-Univ of Md PASA-OIH
G/PHN/HN	Celeste Carr Project Manager	3/20/94 - 3/19/96	PASA-OIH/CDC

R&D/H ENI/HR/HP	Petra Reyes Health, CS	9/89 - 3/93 3/93 - 3/96	IPA - JHU Red Cross
G/PHN/HN	Cate Johnson Breastfeeding Advisor	5/94 - 5/96	Red Cross
G/PHN/HN	Mary Ellen Stanton MCH Advisor	6/94 - 6/96	Red Cross
Honduras	Stan Terrell Child Survival	10/1/89 - 6/30/96	PASA-OIH/CDC
Burkina Faso Kenya	Neen Alrutz AIDS, CS	10/90 - 7/94 8/94 - 7/96	IPA-JHU Red Cross
Mali	Dorothy Stephens PVO Coordination	8/1/92 - 8/1/96	PASA-OIH/CDC
Morocco	Nancy Nolan MCH, Population	9/1/94 - 8/31/96	Mission PASA (PSC with CDC)
G/PHN/HN	Murray Trostle BASICS Advisor	9/1/94 - 8/31/96	Red Cross
Nicaragua	Richard S. Monteith Population Officer CS, PVO Management	7/26/92 - 8/31/96	PASA-OIH/CDC
Malawi	Okey C. Nwanyanwu Malaria Advisor; Epidemiology	9/20/92 - 9/19/96	PASA-OIH/CDC
Madagascar	(Jim Allman) Population	contract pending	CEDPA
G/PHN/POP	to be determined Population	under recruitment	CEDPA
Guatemala	(Mary McInerney) Population	contract pending	CEDPA
Philippines	(Asta Maria Kenney) Population	contract pending	CEDPA

Ecuador	to be determined Population	awaiting Mission decision	CEDPA
LAC/RSD/PHN	to be determined HIV/AIDS	under recruitment	CEDPA
Niger	to be determined CS, AIDS	under recruitment	Red Cross
REDSO/ESA	to be determined AIDS, CS	under recruitment	Red Cross
G/PHN/POP	to be determined Economist	under recruitment	CEDPA
Burundi	postponed CS, Family Planning, AIDS	all Burundi activities suspended	PASA-OIH/CDC

APPENDICES

APPENDIX A

ASSIGNMENTS OF TAACS ADVISORS

The following list of advisors, indicating for each the dates of service, institutional sponsorship and type of assignment, is derived mainly from information provided by the advisors themselves and their supervisors and sponsoring institutions. Additional information was made available by the Office of Health and Nutrition of USAID.

Okey C. Nwanyanwu: Malawi; 9/20/92 - 9/19/96; PASA-OIH/CDC

As malaria advisor to the Ministry of Health, has helped change government policy concerning the replacement of chloroquine with Fansidar for the treatment of uncomplicated malaria. Advises USAID Mission on matters concerning malaria and other related issues.

Richard S. Monteith: Nicaragua; 7/26/92 - 8/31/96; PASA-OIH/CDC

Recruited from the Reproductive Health Division at CDC, experienced in contraceptive technology; as Population Officer reporting to the General Development Officer, manages and provides technical assistance to the Family Planning Expansion and Regionalization project, the maternal and child health and family planning survey project, the Decentralized Health Service Project, and PROFAMILIA, the International Planned Parenthood affiliate in Nicaragua. Also is working to coordinate the NGOs working on HIV/AIDS issues; is responsible for monitoring the flow and forecasting the need for contraceptives, and choosing the mix of hormones in the oral contraceptives offered by the national family planning project.

Nancy Nolan: Morocco; 9/1/94 - 8/31/96; Mission PASA

Serves as maternal and child health and population advisor.

Murray Trostle: G/PHN/HN; 9/1/94 - 8/31/96; Red Cross

Previously a AAAS fellow assisting the manager of the BASICS project, now more directly involved in management of the project.

Dorothy Stephens: Mali; 8/1/92 - 8/1/96; PASA-OIH/CDC

An officer in the Commissioned Corps of the USPHS, responsible for child survival and AIDS activities of USAID; wrote the project paper for a \$10 million AIDS project; evaluates and monitors the activities of five local NGOs (Plan International, Africare, CARE, Save the Children, and World Vision), and manages the University Development Linkages project, the Health Financing Sustainability project, the Guinea Worm project, the Nutrition Communication project, and the local AIDS project.

Brad Barker: Haiti; 10/4/92 - 3/31/96; Mission PASA with CDC

Has initiated and directed the technical discussions with the recently installed Ministry of Health in Haiti; also has strengthened the health and epidemiological monitoring and information system used by USAID. In work with local and international NGOs, Mr. Barker has been instrumental in changing strategies away from the use of immunization campaigns toward reinforcement of the institutions which offer immunizations. Has frequently served as the acting Health, Population and Nutrition Officer for the Mission.

Neen Alrutz: Burkina Faso; 10/90 - 7/94; IPA-JHU
Kenya; 8/94 - 7/96; Red Cross

Following a period in the Africa Bureau, in Burkina Faso was responsible for program planning, implementation and monitoring activities in AIDS and child survival; also prepared and signed project documents, supervised contractors, interacted with the host government private sector and NGO officials, and, as appropriate, represents USAID in official functions.

Stan Terrell: Honduras; 10/1/89 - 6/30/96; PASA-OIH/CDC

Assists in management of the Health Sector II project, the Monterrey community participation in primary health care project, and the Integrated Project of Community Participation for Water and Sanitation, Child Survival, and Vector Control in the Bay Islands; also provided data analysis and prepared preliminary reports for the National Epidemiology and Family Health Survey, and Malaria and Pregnancy Outcome Studies. Collaborates with the National Cholera Commission, particularly in the areas of epidemiologic surveillance and the acquisition of emergency materials and supplies through the LAC regional cholera project, and provides technical assistance to the country's HIV/AIDS prevention, breastfeeding promotion and measles elimination activities.

Mary Ellen Stanton: G/PHN/HN; 6/94 - 6/96; Red Cross

As maternal and child health advisor for the Division of Nutrition and Maternal Health, draws on field experience in reproductive health to help develop the Agency's new reproductive health initiative.

Cate Johnson: G/PHN/HN; 5/94 - 5/96; Red Cross

Drawing on technical knowledge and experience in reproductive health, plays a key role in developing the Agency's new reproductive health initiative; serves as breastfeeding advisor for the Division of Nutrition and Maternal Health in the Office of Health and Nutrition.

Petra Reyes: R&D Bureau; ANE; ENI; 9/89 - 3/96; IPA-JHU; Red Cross

Manager of the program of 21 medical partnerships in the Newly Independent States, responsible for assessing the current program and designing the follow-on activity; also working to convene a technical advisory group for the Newly Independent States through the National Academy of Sciences.

Celeste Carr: G/PHN/HN; 3/20/94 - 3/19/96; PASA-OIH/CDC

Experienced in tuberculosis and STD prevention at the Center for Prevention Services of CDC; has participated in the development of a multi-million dollar TB initiative for the Office of Health and Nutrition. Has served as acting division chief of the Applied Research Division; now in the Health Policy Reform Division as manager of Statistica and the Center for International Health Information project; member of the TB working group.

Robert Emrey: G/PHN/HN; 9/89 - 2/96; IPA-UMd; PASA-OIH

Manages the Health Financing Sustainability project; has also served as acting Division chief, acting deputy Division chief, and acting Office chief. Serves as the Office of Health and Nutrition liaison with the World Health Organization and the World Bank; and represents the Agency position on health financing sustainability to other organizations.

Lucy Mize: Mali; 1/94 - 1/96; CEDPA

Works with Malian and international NGOs in the implementation of programs to increase contraceptive prevalence; is helping develop a subproject for the Malian Family Planning Association.

Susan Hunter: Tanzania; 12/93 - 12/95; Red Cross

As AIDS sector advisor, manages the AIDSCAP project and assists in the strategy and implementation plan of AIDS prevention activities; has provided technical assistance to a national assessment of families and children affected by AIDS.

Helene Rippey: Guinea; 12/93 - 12/95; Red Cross

Principal advisor to USAID Guinea on family planning, AIDS and maternal and child health, with responsibility for design of a new family health project.

Al Bartlett: G/PHN/HN; 12/1/91 - 11/30/95; PASA-OIH/CDC

An officer in the Commissioned Corps of the USPHS; provides leadership in development of USAID child survival and health policy; manager of BASICS, the global project in child survival.

Julia Terry: ENI/HR/HP; 1988 - 11/95; IPA-Boston U and Red Cross

Following field experience managing the Boston University Suez Canal project in Egypt, first came to USAID from the University on an Intergovernmental Personnel Act exchange, and stayed with USAID on contract with the Red Cross. In the Office of Human Resources of the regional bureau, manager of the Eastern European partnership program, as well as the activities of the 12 cooperating agencies who constitute the USAID population program in Turkey; also manages the Romania family planning program.

Mary Harvey: AFR/SD/HRD; 10/4/92 - 10/3/95; PASA-OIH/CDC

Manager of the child survival element of the Africa-wide project in health and human resources (HHRAA); technical advisor on health activities in the Office of Sector Development of the regional bureau.

Dennis Carroll: G/PHN/HN; 9/29/91 - 9/28/95; PASA-OIH/CDC

Designed and manages the Environmental Health project and has been instrumental in developing a WHO/CDC/USAID integrated malaria control program.

Denise Rouse: G/PHN/HN; 10/1/93 - 9/30/95; PASA-OIH

An officer in the Commissioned Corps of the USPHS, experienced in issues of women and AIDS; initially assistant to the AIDSCAP project officer, now manager of the project.

Bill Hausdorff: G/PHN/HN; 10/1/93 - 9/30/95; PASA-OIH/CDC

Serves as USAID's primary contact on the global Children's Vaccine Initiative and on development of revolving funds for purchase of vaccines with local currency; as country backstop officer for Egypt, provides TDY assistance for extended periods.

John Tomaro: G/PHN/HN; 9/90 - 9/95; IPA-Research Triangle Institute

Conceived and manages the Initiatives project, which provides sustainable health services to low income groups, particularly in urban areas; has played a leadership role in promoting the involvement of the private sector in the provision of family planning and primary health care services, and in financing the provision of vaccines.

James B. Sitrick: LAC/RSD/PHN; 8/31/93 - 9/95; Red Cross

As regional AIDS advisor, has country backstopping responsibilities within the Bureau; also participates in program planning and implementation.

Dale Gibb: G/PHN/HN; 7/91 - 7/95; CEDPA

Program analyst in the Front Office of the Office of Health and Nutrition; coordinator of non-direct hire staff; program coordinator for Africa and country backstop for Senegal; policy advisor on strategic planning, budget and management activities of the Office.

Pamela Wolf: Ghana; 1/30/93 - 1/29/95; PASA-OIH/CDC

An officer in the Commissioned Corps of the USPHS; has played a major role in the planning, design, and implementation of Ghana's population sector strategy; has primary responsibility for management, monitoring and evaluation of five population studies and health surveys and serves as co-investigator for a study of over 400 family planning service delivery sites.

Carol Rice: ANE/TR; 12/92 - 11/94; Red Cross

Advisor in the Technical Resources office on a broad range of health issues (including reproductive health, family planning, HIV/AIDS, immunization, Vitamin A and other micronutrients); prepares papers for presentation to Congress and provides technical services on TDY to USAID Missions in Asia and the Near East.

Sylva Etian: Niger; 8/26/90 - 11/25/94; PASA-OIH/CDC

As nutrition advisor in the Ministry of Health helps the Government of Niger revitalize the Inter-Ministerial Committee on Nutrition, define its role and responsibilities, and function effectively as a policy-making and coordinating body; provides technical assistance to the committee to develop and adopt a national food and nutrition policy; coordinates assistance from the Women and Infants Nutrition Support Project to the Nutrition Division of the Ministry of Health; has developed and nurtured linkages between local PVOs, the MOH and the USAID Mission and the professional and technical capacity of counterparts.

Joel Kuritsky: Bolivia; 11/16/88 - 11/15/94; PASA-OIH/CDC

As a long term advisor, has helped implement USAID's health program. Recently found that improvements in housing could lower the risk of contracting Chagas disease among adults and used this finding to secure funds, which had been earmarked for pharmaceuticals, for improvement of housing.

Karen Wilkins: Togo; 10/4/92 - 10/3/94; PASA-OIH/CDC

From technical advisor and health project manager, moved to fill vacated direct hire health officer position, monitoring projects for Expanded Programme on Immunization, Control of Diarrheal Diseases, the Integrated Child Care Center, Health Sector Support for Child Survival, family planning, and malaria resistance surveillance; also provided technical assistance in health information systems to the National Health Statistics Service.

Edward N. Kassira: Yemen; 11/10/91 - 9/24/94; PASA-OIH/CDC

Assigned to establish and implement the a major health project in the Ministry of Health, his knowledge of the local language helped him to be incorporated as a member of the staff; his relationships with his colleagues helped to improve the U.S. image during a difficult time.

David Puckett: Uganda; 12/1/88 - 11/30/93; PASA-OIH/CDC

As of 1994, continuing as advisor to USAID under a direct PASA with CDC. As TAACS advisor, played a broad role in the HPN program for Uganda during a difficult period. As acting Deputy Director of the HPN Office, managed and provided technical assistance to the Orthopedic and Physical Rehabilitation project, an orphans project, the national family planning project, the diarrheal disease project, the TB project, the immunization project, the Control of Diarrheal Diseases/Nutrition project, and recently, the Rwandan refugee project.

Elizabeth Marum: Uganda; AIDS PASA-CDC

As of 1994, continuing as advisor to USAID under a direct PASA with CDC. As TAACS advisor, provided technical assistance to the AIDS Information Centre, the World Learning AIDS Education and Control Project of the World Learning Institute, the Church Human Services AIDS Prevention Programme, the Rakai AIDS Information Network, USAID/Uganda, and the Ministry of Health. Worked with the director of the Islamic Medical Association and a researcher at the Institute of Public Health to write an article reporting on the baseline HIV/AIDS survey conducted in Muslim communities, and collaborated with the WID officer to plan for a workshop on Gender and HIV/AIDS.

Herb Caudill: Honduras; 4/1/90 - 7/31/94; PASA-OIH/CDC

As of 1994, continuing work in Honduras on a personal services contract with USAID. As TAACS advisor, served as Water and Sanitation Advisor in the Ministry of Health; was responsible for changing government policy regarding community management of rural water systems (in the past, the government was responsible for the operations and maintenance of rural water systems). Also launched the Peace Corps project for water control labs, and a training program of sanitarians, and provided technical assistance for Ministry cholera prevention and control.

James Zingeser: Cameroon; 3/29/92 - 7/23/94; PASA-OIH/CDC

Helped to develop a health management information system in the central directorate of the Ministry of Health, as well as several provincial systems for use within the Directorate of Rural and Preventive Medicine. Also worked with CDC technicians, the Mission Health officer and the Ministry of Public Health to develop epidemic preparedness plans for the Far North of Cameroon.

Chris Grundmann: Rwanda; 6/1/92 - 6/30/94; PASA-OIH/CDC

Worked closely with the Ministry of Health on maternal and child health and family planning activities, and on improving the Ministry's strategic planning and organizational capabilities; worked with the Peace Corps Director to initiate Volunteer participation in the integrated MCH/FP Project, and in AIDS activities. Wrote the project paper for the Rwanda Integrated Maternal and Child Health and Family Planning project, and negotiated USAID participation in the HIV Vertical Transmission study by the Belgian Cooperation. Also worked with other donors to improve donor coordination in health and population activities, and with the Expanded Program for Breastfeeding to develop the first breastfeeding practices assessment in Rwanda.

Kirk Miller: G/PHN/HN; 9/6/88 - 6/30/94; PASA-OIH/CDC

As manager of the Malaria Vaccine Development Program (MVDP), has focused the program on production and evaluation of experimental malaria vaccines and worked to remove the major bottlenecks in malaria vaccine development; also has initiated working agreements among USAID, the National Institute for Allergy and Infectious Diseases (NIAID) and Walter

Reed Institute for Research (WRAIR), as well as agreements among USAID, the Commission for European Communities and WHO to coordinate malaria vaccine development activities globally.

Jaime Henriquez: FHA/PVC; 12/15/91 - 3/11/94; PASA-OIH

Served as technical advisor in the Child Survival grants program, responsible for proposal review and assistance in implementation.

Michelle Moloney: Morocco; 10/89 - 9/93; IPA-Hahnemann

In July 1994, appointed as USAID International Development Intern. As TAACS advisor, provided technical assistance in implementation of maternal and child health programs and development of USAID's HIV/AIDS program.

Jerry Gibson: R&D/H; 10/90 - 7/93; PASA-OIH/CDC

Served as immunization specialist and project manager for the Health Services Division of the Office of Health; helped design and implement the Measles Strategy and develop USAID's Acute Respiratory Infection Strategy.

Ken Yamashita: Ecuador; 11/10/89 - 2/6/93; PASA-OIH/CDC

In February 1993, appointed as a direct hire USAID foreign service officer and named Division Chief of the Health and Family Planning Division of the General Development Office. As TAACS advisor, helped design the national family planning project, initiated the design of a health finance project, and worked with the Ministry of Health, USAID Mission, and a cooperating agency to review the five year Child Survival project. Also helped the mission close-out the unsuccessful Malaria Assistance Project, while still allowing for continued assistance to the Ministry of Health in vector-borne disease, thus allowing the mission to terminate a difficult project, but continue much-needed assistance to the Ministry of Health.

Michael Linnan: Indonesia; 1/11/89 - 1/21/93; PASA-OIH/CDC

As manager of the Mothercare project, developed the East Java Safe Motherhood project; analyzed data from the Seven Center Low Birth Weight Study, and worked on the design of the East Java Regional HIV-AIDS Study; developed a portfolio of AIDS/STD activities to be funded by USAID/Jakarta, and revised the Mission AIDS strategy. Expertise in epidemiology and contacts with CDC technical backstopping especially valuable to USAID.

Laurie Ackerman: AFR/TR/HPN; 6/18/90 - 9/30/92; PASA-OIH/CDC

Project manager for Combatting Communicable Childhood Diseases in Africa project

M. Broderick: Nigeria; 10/91 - 6/92; PASA-OIH/CDC

Child survival specialist

Michael Qualls: Mali; 5/7/89 - 7/31/91; PASA-OIH

Arthur Legace: Senegal; 2/5/89 - 5/31/91; PASA-OIH/CDC

Margaret Meites: AFR/TR/HPN; 11/7/88 - 5/31/90; PASA-OIH/CDC

Joe Baldi: Ecuador; 10/18/87 - 12/31/89; PASA-OIH/CDC

An officer in the Commissioned Corps of the USPHS, recruited from the Health Resources Services Administration (HRSA)

Robert Kim-Farley: R&D/H; 7/5/88 - 8/31/89; PASA-OIH

Felix Awantang: ANE/TR; 2/28/88 - 8/12/88; PASA-OIH

Robert Bernstein: R&D/H; AIDS PASA-CDC; Completed

Thomas Betz: Peru; AIDS PASA-CDC; Completed

Wayne Duncan: Jamaica; AIDS PASA-CDC; Completed

Reggie Hawkins: Central African Republic; AIDS PASA-CDC; Completed

As HIV/AIDS-STD advisor, worked to continue and expand Peace Corps collaboration in HIV and STD control activities, participated in a comprehensive review of the national AIDS control program, and developed a plan to provide technical assistance in HIV/STD control from CDC to the Ministry of Health.

Eric Jensen: R&D/POP; IPA-College of William and Mary; Completed

Economist in the Research Division

Melanie Marlett: PPC/PDPR/SP; IPA-Tufts; Completed

Sidney Schuler: R&D/POP; IPA-EMCVA; Completed

Worked on operations research in Asian countries

APPENDIX B

SCOPE OF WORK

Evaluation
Technical Advisors in AIDS and Child Survival (TAACS)
USAID Project no. 936-5970

I. Setting and Purpose of the Evaluation:

As an integral part of the reorganization of the Agency for International Development, the Administrator has called for a revitalization of the USAID's leadership in technical areas. This requires over the long run not only the hiring of additional, highly qualified staff but also the upgrading of current staff through training, details, and revised personnel policies. Given FTE and budget limits that constrain such measures on one hand and immediate and continuing needs for technical and managerial experts to plan and implement programs in priority areas on the other, the Agency has recognized a need to continue to access non-direct hire technical and managerial experts in these areas.

The Technical Advisors in AIDS and Child Survival program, begun in 1987 in response to specific language in the Foreign Assistance Appropriations Act, is a major mechanism to access such non-direct hire expertise. Since inception of the program, designed originally to help the Agency implement its Child Survival Initiative, and since then broadened to include HIV/AIDS and Population, more than 50 TAACS have served or are serving in the program under three different kinds of mechanisms. According to legal interpretation of the TAACS legislation, TAACS may be delegated direct hire authorities by Mission or Office Directors. The role many have thus played is a broader one than most other non-direct hire employees. This evaluation will therefore assess the effectiveness of the program in meeting USAID's needs for technical and managerial expertise in one broad area (child survival, HIV/AIDS and population); the role TAACS have been able to play in program planning, implementation and evaluation of programs; and means of improving not only the recruitment, orientation, backstopping, but also the use of such non-direct hire advisors to give a needed boost to priority technical areas. The emphasis will be on lessons learned in these areas as a means of guiding the Agency in the design and management of this and similar programs in the future.

II. Background of the TAACS Program:

In 1985, the U.S. Congress established special Child Survival funding in response to the growing worldwide need and challenge to improve the health and well-being of children in developing countries. The funding has enabled USAID to give greater emphasis to child survival programs, particularly immunization, oral rehydration therapy, birth spacing and nutrition improvements. Over the years the commitment to Child survival has grown, with an average of \$235 million to \$250 million obligated for these activities each year since FY 85.

Implementation of the program was hampered in the early years by a lack of qualified personnel able to design, manage and evaluate activities. Recognizing this problem, in its Continuing

Resolution for FY 87, the U.S. Congress called on USAID to spend up to \$5 million to obtain up to 30 employees per year from the U.S. Public Health Service (USPHS) to assist with implementing the program. Simultaneously, the USPHS was provided additional positions to enable it to respond to the USAID initiative. It was explicitly directed that personnel assigned under this provision not be counted against any agency's personnel ceiling. In FY 88, USAID's authorization was expanded to permit the Agency to obtain such assistance from "U.S. Government agencies, agencies of State governments and institutions of higher learning," and then in FY 91 from private and voluntary organizations under contract. Up to \$8 million in funding each year could be used by USAID for this purpose according to legislation after FY --. USAID has used the Interagency Personnel Agreement mechanism (IPA) to obtain advisors from "institutions of higher learning," and contracts with two 8-A institutions, the Center for Development and Population Affairs (CEDPA) and the American Red Cross (ARC).

The experts obtained under this authority were termed Technical Advisors in Child Survival, or TACS, initially. In FY 89, when the authority was broadened to add HIV/AIDS research and control activities to the Child Survival mandate, the name was changed to Technical Advisors in AIDS and Child Survival, TAACS. This name and its acronym has been retained despite the addition of Population to the legislation and program in FY 93.

Through May 1994, 53 TAACS advisors have been placed, in field missions, PVOs, or in USAID/W. Although the majority of the TAACS have been obtained under the Agency's PASA with the Office of International Health of the Bureau for Health and Human Services, and its sub-agreement with the Centers for Disease Control (CDC), 6 have served under Inter-Agency Personnel Agreements (IPAs) with a variety of institutions (Attachment 1). TAACS have been placed in USAID missions, counterpart host government institutions, PVOs or similar organizations in USAID-assisted countries. A number have been assigned to USAID/Washington bureaus in situations in which the objectives of the Congressional mandates and the Child Survival, HIV/AIDS and Population programs could best be met by such placements.

Several countries other than those with TAACS have indicated interest in the program. Placement in some cases has been hampered by a lack of adequate or appropriate funding, lengthy recruitment requirements, and now, increasingly by a shortage of vacant positions under any of the mechanisms. DHHS has, as a part of its downsizing exercise, determined that all federally-reimbursed mechanisms eligible for "downsizing," and essentially has indicated that the PASA can be used only for recruitment of advisors for areas or positions in which PHS has a particular interest. IPAs have been increasingly difficult to recruit or retain in USAID during its rightsizing exercise. And both the Red Cross and CEDPA mechanisms have essentially filled their vacant TAACS positions, necessitating amendment to these contracts if additional advisors are to be recruited or current advisors extended.

The mid-term evaluation of 1991 and experience since then has indicated that where TAACS have been assigned, they have substantially increased the technical capacity of the organization, mission or office in which they have been working. The program has increasingly been regarded by USAID/W and the field as an important complement to direct hire staff, numbers of which in the PHN area have been greatly reduced over the past five years even as program requirements have increased (Attachment 2).

The TAACS project was originally authorized in FY 88 at a total project level of \$25 million, including a planned \$5 million in centrally funded obligations and \$20 million in buy-ins from other USAID Bureaus and Missions. Since then the project has been amended to increase the total LOP to \$50 million, including centrally funded obligations of \$30 million. This reflects the decision during part of the period to fund TAACS with program funds, designated as OE funding, centrally; and more recently, a decision by OP that neither of the two PVO contracts could accept buy-ins. Thus any funding of TAACS by Bureaus and Missions has had to be handled through OYB transfers, necessitating a sizable increase in that proportion of the LOP budget.

The PACD of TAACS is currently 9/30/97. Given the continuing and renewed need for such outside advisors to implement the Agency's newly invigorated Population and Health strategy, the Center for Population, Health and Nutrition plans to submit a PAF to increase the authorized centrally-funded LOP and to extend the PACD to September 30, 2002. Simultaneously, the various mechanisms used to implement the project are being reevaluated regarding their effectiveness, efficiency and general usefulness in recruiting and backstopping high quality technical advisors in child survival, HIV/AIDS and population.

III. Evaluation Guidelines

The evaluation will take place during a three week period in the last quarter of FY 94 and will involve visits to the Centers for Disease Control (CDC) in Atlanta, Georgia, as well as to the Office of International Health of the Department of Health and Human Services, American Red Cross and CEDPA offices in Washington D.C. A E-mail survey of existing TAACS in the U.S. and overseas, administered by the TAACS management office, will be provided to the evaluation team which will then contact TAACS and their supervisors by phone and in person in Washington to get a fuller picture of their role, satisfaction with it, and performance. The team will review records of the various implementing organizations, interview TAACS, supervisors and Agency officials as a basis for development of a report. The report will consist of an Executive Summary of a maximum of 6 pages; the report, not to exceed 30 pages; and Appendices as warranted.

Estimated Time Frame: Three Weeks
Fourth Quarter, FY 94

IV. Key Questions

A. Is the TAACS program an effective means of meeting the Agency's need for overall technical managerial expertise in high priority technical areas? What lessons have been learned regarding USAID's use of such a mechanism regarding status of the experts, management, conditions necessary to assure effectiveness

B. Role of TAACS

What has been the role of TAACS: in missions; other organizations; in USAID/W? Has the role of TAACS been generally understood in the same way by the TAACS; the host institution; the Implementing organization?

C. Management of the Program

How effective is:

Recruitment (quality of advisor, experience, language facility, satisfaction with the job)?

What steps have been taken to recruit candidates? By whom?

Processing (time required)

Orientation

Has the orientation provided to TAACS been adequate to permit them to fulfill their responsibilities with a reasonable amount of supervision/training? Which parts of the orientation need to be strengthened?

Supervision (by Mission, USAID/W, sponsoring institution, and in view of the TAACS)

To what extent is technical supervision of TAACS by sponsoring agencies (Mission, USAID/W, implementing mechanism, counterpart)

- 1) provided
- 2) necessary
- 3) desirable?

Is additional technical supervision needed? If so, by whom?

Support (by Mission, USAID/W, sponsoring institution, and in view of TAACS)

What agency provided (arranged an/or funded) the following: travel to post, materials, technical assistance, furnishings, etc.? Is additional support needed? If so, what kind and by whom?

Communications to the field. Has adequate information been provided to the field on programming, including budgeting, technical materials, and personnel support? What more is needed, if any?

D. Evaluation:

Are TAACS regularly evaluated against performance objectives? Does the evaluation system meet the needs of the supervisor, the TAACS, the implementing organization?

E. Cost of the Program:

What is the estimated backstopping cost per advisor, by year under the various mechanisms?

EVALUATION TEAM

Allison B. Herrick, Team Leader
Kriss Barker

FIELDWORK

August 8–24, 1994

APPENDIX C

QUESTIONNAIRES FOR ADVISORS, SUPERVISORS AND SPONSORING INSTITUTIONS

Evaluation
TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL
USAID Project 936-5970

Outline of Questions for Implementing Agencies

1. Name of Agency

Name(s) of Responsible Officers
2. Type of Agreement or Contract
Date
Amendments
3. Staff Responsibility within the Agency
4. Numbers of Advisors: anticipated by agreement:
currently in place:
assignments completed:
under recruitment:
5. Recruitment Process
Roles of USAID and of implementing agency
Pool from which recruits drawn
Consideration given to diversity of recruits
Issues or problems
6. Orientation of Advisors
As offered by recruiting agency
As offered by USAID or others (if known)
Issues or problems
7. Backstopping of Advisors
Technical
Logistical
Issues or problems
8. Successes or Failures in Assignments
Job satisfaction for Advisor
Contribution to USAID health-related programs

- 9. Significance of Program to Implementing Agency
- 10. Costs to Implementing Agency
 - Reimbursable
 - Non-reimbursable
 - Issues or problems
- 11. Interest in Continuing Involvement with the Program
 - On same or different basis as at present
 - Issues or problems

Evaluation
TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL
Interview Protocol
Supervisors of TAACS

1. Name (supervisor):
2. Affiliation:
3. Telephone: FAX:
4. Name of TAACS supervised:
5. TAACS Mechanism:
6. Why did you seek a TAACS advisor for your staff?
7. Are you generally pleased with the TAACS program as a way of obtaining technical or managerial backstopping for Mission (or AID/W) health projects? Have your expectations of the program been more or less fulfilled?
8. Have you been successful in obtaining an advisor with the required skills?: (please comment)
 - a. Professional background/experience (technicality)
 - b. Language
 - c. Knowledge of AID operations and policy
 - d. Cultural sensitivity
 - e. Interpersonal Skills
9. How did you recruit an appropriate TAACS Advisor?
10. What managerial contribution does the Mission (or AID/W Office) expect from the TAACS Advisor?
11. How does the Mission (or AID/W Office) take advantage of the Advisor's technical expertise?
12. In your view, what have been the major contributions by the Advisor to the Mission (or AID/W) programs with which s/he works?
13. How do the TAACS' actual duties and responsibilities compare with your expectations when requesting a TAACS?
14. Who supervises the TAACS within the Mission (AID/W office)? How are performance evaluations for the TAACS conducted? What formal evaluation mechanisms are used? To whom are these sent?
15. What are the benefits or the problems the Mission (or AID/W) has had with the organization and logistical support in the TAACS program?
 - a. Roles of AID/W, sponsoring institution, receiving Mission or AID/W office and field counterpart institution?

- b. Recruitment and Processing of TAACS Advisor
 - c. Timing of arrival of advisor
 - d. Organization and funding of logistical support to Advisor (e.g., office, housing, furnishings, transportation)
 - e. Technical backstopping of advisor
 - f. Other
15. How has the Mission as a whole absorbed the TAACS as a member of staff?
- a. Is the TAACS
 - integral to HPN management?
 - assigned to a host country institution?
 - a contract technical officer?
 - a project manager?
 - b. Is the TAACS treated, and does s/he present her/himself as a member of USAID staff?
16. What are the costs to your office or Mission for each TAACS Advisor?
- a. How do the costs for a TAACS compare with those for direct-hire, contract, and other sources of personnel?
 - b. In your view, are the costs of the TAACS program reasonable?
17. How do you think the program could be improved (e.g., technical skills; managerial competence; recruiting agency; and administrative procedures for placement of an Advisor)?
18. Other comments related to this interview:

Evaluation
TECHNICAL ADVISORS IN AIDS AND CHILD SURVIVAL
Interview Protocol
TAACS Advisors

1. Name:
2. Title (AID/W Office or USAID Mission):
3. Telephone: FAX:
4. TAACS Mechanism (sponsoring institution):
5. How were you recruited for the TAACS Program?
6. At the time you were recruited, were you affiliated to your sponsoring institution?
7. Is your assignment appropriate to your background and experience?
8. Was the type of sponsoring institution (OIH/CDC vs. PVS or university) significant in your decision to apply for a TAACS position?
9. What contribution can the TAACS Program make to improvement in international health status and child survival?
10. Does the TAACS Program enable you to make an effective contribution?
11. Why did you seek to become a TAACS advisor?
12. What do you personally hope to achieve as a TAACS?
13. Have your expectations been realized? In what ways?
14. Have there been obstacles to achieving your expectations? Do you have suggestions for overcoming those obstacles?
15. Describe your role within the AID/W or USAID Mission Office or host country institution where you work. Please describe your primary responsibilities. What percentage of your time do you spend doing technical assistance, and what percentage in project management?
16. How do your actual duties and responsibilities compare with your expectations when requesting a TAACS position?
17. How does the Mission (or AID/W Office) take advantage of your technical expertise?
18. In your view, what have been your major contributions to the Mission (or AID/W) programs with which you work?
19. Describe your relationship with your sponsoring institution. What does your sponsoring institution provide to you in:
 - a. logistical support?

b. technical support?

20. How do you portray yourself to other in-country and/or health institutions with whom you work (e.g., WHO, other AID officials, AID contractors...)? Do you portray yourself as AID, (or CDC, CEDPA, Red Cross, DHHS)? Why? (what advantages do you gain by portraying yourself as belonging to one institution or another?)

21. How is your performance evaluated? What formal evaluation mechanisms are used? To whom are these sent? Is the record of your performance adequate for your career purposes?

22. What are the benefits or the problems you have experienced with the organization and logistical support in the TAACS program?

- a. Roles of AID/W, sponsoring institution, receiving Mission or AID/W office and participating field counterpart institution (i.e., MOH).
- b. Recruitment and Processing
- c. Timing of arrival at Mission (AID/W Office)
- d. Organization and funding of logistical support (e.g., office, housing, furnishings, transportation)
- e. Technical backstopping
- f. Other

23. How do you think the program could be improved (e.g., technical skills; managerial competence; recruiting agency; administrative procedures; role in USAID programs)?

24. Other comments:

TAACS EVALUATION--Questionnaire for Advisors

Advisor's Name: _____

Country/Bureau of Service: _____

This questionnaire, part of a broader evaluation of the TAACS program, is being sent by the Office of Health and Nutrition to all current and immediate-past USAID/W and Mission TAACS. In the evaluation we are assessing the effectiveness of the program in meeting USAID's needs for technical and managerial expertise in child survival, HIV/AIDS, and population; the role TAACS have been able to play in program planning, implementation and evaluation of programs; and means of improving not only the recruitment, orientation, backstopping, but also the use of such non-direct hire advisors in strengthening priority technical areas.

Your input is invaluable and will provide us with information on how to improve the program to better meet the needs of the advisors, USAID, and the host countries, so please be candid in your responses. Feel free to attach additional sheets if you require more space for your answers.

Because the program evaluation is scheduled to take place at the beginning of August, the turn-around time for this survey is short. Please return this questionnaire, by e-mail or fax, no later than **COB, Friday July 29, 1994** to Renee Titonis or Dale Gibb at fax:(703)875-4686.

A member of the evaluation team may telephone you to discuss this information. If you would like to contact the team directly to provide further information, please do so in care of Allison Herrick at POPTECH [phone:(703)247-8630, fax:(703)247-8640, e-mail:poptech@bhm.com].

-
1. What is your position/title?
 2. When did you begin your assignment? (month and year)
 3. Who is your current supervisor?
 4. Is your agreement through a PASA with CDC or OIH, a contract with the American Red Cross or CEDPA, or an IPA?

5. Did you receive an orientation from: YES NO

Your sponsoring institution?
TAACS program (through CEDPA)?
USAID/W?
Mission?

6. How would you rate each of these orientations?

<--slightly useful-----adequate-----very useful-->

Sponsoring Institution				
1	2	3	4	5
TAACS Program				
1	2	3	4	5
USAID/W				
1	2	3	4	5
Mission				
1	2	3	4	5

Suggestions for their improvement:

7. Do you receive technical support from your sponsoring institution?
Yes_____ No_____

If yes, how would you rate this assistance?

1	2	3	4	5
---	---	---	---	---

<--slightly useful-----adequate-----very useful-->
What kind of technical support do you feel would be helpful?

8.a. Do you receive logistic support from your sponsoring institution?
Yes_____ No_____

If yes, how would you rate this assistance?

1	2	3	4	5
---	---	---	---	---

<---poor-----adequate-----well done--->
Please make any comments or suggestions warranted regarding logistic assistance from your sponsoring institution.

8.b. Do you receive logistic support from the Mission or Bureau?
Yes_____ No_____

If yes, how would you rate this assistance?

1	2	3	4	5
---	---	---	---	---

<---poor-----adequate-----well done---> Please make any comments or suggestions warranted regarding logistic assistance from the Mission or Bureau.

9. How would you characterize your role in program planning, implementation, and monitoring in relation to others in your sector/division?

10. Additional comments:

APPENDIX D

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APPENDIX E

PERSONS INTERVIEWED

I. AID/Washington

A. Global Bureau Staff

Ann Van Dusen, Senior Deputy Assistant Administrator, Office of Health and Nutrition

Robert Wrin, Director (Acting)

Robert Clay, Deputy Director (Acting)

Al Bartlett, Chief (Acting), Child Survival Division

Victor Barnes, Chief (Acting), Acquired Immune Deficiency Syndrome Division

Connie Carrino, Chief (Acting), Environmental Health Division and Chief (Acting), Health Policy and Sector Reform Division

Dale Gibb, Human Resource Coordinator

James Heiby, Chief (Acting), Nutrition and Maternal Health Division

Renée Titonis, TAACS Program Administrator

Office of Population

Elizabeth Maguire, Director (Acting)

Margaret Neuse, Deputy Director

James Shelton, Deputy Director (Acting)

Irene Koek, Social Science Analyst

Brian Kennedy, Program Operations Specialist

Joanne Grossi, Program Operations Specialist

James R. Cummiskey, Population Fellow

B. Other AID/W Staff

GC/Legislation and Policy

Robert Lester

Jan Miller

AFR/SD/HPN

Lenni W. Kangas

Hope Sukin

ENI/HR

Julie Klement

LAC/CAR

David Eckerson

M/OP

Michael Gushue, Health and Nutrition
Ron Beans, Overflow Programs

M/HR

Frank Almaguer, Director

II. USAID Mission Staff

John Burdick, HPN, Haiti
Sarah Clark, former USAID Representative, Togo
Lynn Gorton, HPN, Mali
Joyce Holfield, HPN, Morocco
Ellen Leddy, D/GDO, Ecuador
Bill Martin, HPN, Rwanda
Dana Vogel, HPN, Tanzania

III. U.S. Public Health Service

Office of International Health, Department of Health and Human Services
Linda Vogel, Acting Deputy Assistant Secretary for International and Refugee
Health

Terry Gay, International Program Specialist
Jerome L. Rukoski, Budget Officer

Centers for Disease Control, International Health Program Office
Joe H. Davis, Assistant Director for International Health
Jean Roy, Acting Director, Field Services Division
Stanley O. Foster, Director, Field Services (Retired)
Connie Brooks-Thomas, Program Analyst
David Gittleman, Public Health Advisor
Ross Cox, Associate Director for Management
Carol Goettl, Administrative Officer

IV. Other Organizations

American National Red Cross, Office of International Services
Christopher Keppler, Project Manager
Susan Burgess-Lent, Finance and Administration

BASICS Project
Glenn Patterson, Director

Center for International Health
Tera Lewing

Centre for Development and Population Activities (CEDPA)
Peggy Curlin, President
Adrienne Allison, Vice President
Laura Mayer, Executive Assistant to the Vice President
Sarah Craven, LEAP Coordinator
Belkis Giorgis, Evaluation Specialist
Lucy Ankiewicz, Director of Finance
Barbara Boykie, Staff Accountant

V. TAACS Advisors

A. USAID/Washington

Global Bureau
Al Barlett, G/PHN/HN/NMH
Celeste Carr, G/PHN/HN/HPSR
Robert Emrey, G/PHN/HN/HPSR
Dale Gibb, G/PHN/HN
Bill Hausdorff, G/PHN/HN/CS
Cate Johnson, G/PHN/HN/NMH
Denise Rouse, G/PHN/HN/HIV-AIDS
John Tomaro, G/PHN/HN/HPSR
Murray Trostle, G/PHN/HN/CS

Regional Bureaus
Mary Harvey, AFR/SD
Carol Rice, ANE/TR
Petra Reyes, ENI/HR
Julia Terry, ENI/HR
Jim Sitrick, LAC/RSD

B. USAID Missions

Brad Barker, Haiti
Herb Caudill, Honduras
Susan Hunter, Tanzania
Lucy Mize, Mali
Richard Monteith, Nicaragua
David Puckett, Uganda
Dorothy Stephens, Mali
Stan Terrell, Honduras
Karen Wilkins, Togo